#### Case 16-00845 Doc 1 Filed 01/12/16 Entered 01/12/16 11:24:47 Desc Main Document Page 1 of 59

| Fill in this information to identify your case: |                               |                                      |
|---|-------------------------------|--------------------------------------|
| United States Bankruptcy Court for the:         |                               |                                      |
| NORTHERN DISTRICT OF ILLINOIS                   |                               |                                      |
| Case number (if known)                          | Chapter you are filing under: |                                      |
|   | □Chapter 7                    |                                      |
|   | □Chapter 11                   |                                      |
|   | □Chapter 12                   |                                      |
|   | ■Chapter 13                   | ☐ Check if this ar<br>amended filing |

### Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1:                 | Identify Yourself   |   |   |
|-----|-----------------------|---|---|---|
|     |                       |   | About Debtor 1:                                 | About Debtor 2 (Spouse Only in a Joint Case):         |
| 1.  | You                   | r full name   |   |   |
|     | your<br>pictu<br>exar | e the name that is on<br>government-issued<br>ure identification (for<br>nple, your driver's<br>use or passport). | Alan First name D                               | First name  |
|     | Bring<br>iden         | g your picture<br>tification to your  | Adams  Last name and Suffix (Sr., Jr., II, III) | Middle name  Last name and Suffix (Sr., Jr., II, III) |
|     | mee                   | ting with the trustee.  | East Harrie and Samx (St., St., II, III)        | East name and early (et., et., ii, iii)               |
| 2.  |                       | other names you have<br>d in the last 8 years   |   |   |
|     |                       | de your married or<br>den names.  |   |   |
| 3.  | you<br>num<br>Indi    | y the last 4 digits of<br>r Social Security<br>aber or federal<br>vidual Taxpayer<br>tification number            | xxx-xx-9027                                     |   |

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Debtor 1 Alan D Adams

Case number (if known)

|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |  |
|----|--|---|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■I have not used any business name or EINs.  Business name(s)  EINs   | have not used any business name or EINs.  Business name(s)  EINs   |  |
| 5. | Where you live   | 3421 Montmorte<br>Hazel Crest, IL 60429   | If Debtor 2 lives at a different address:  |  |
|    |  | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |  |
|    |  | Cook<br>County  | County   |  |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |
|    |  | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |  |
| 6. | Why you are choosing this district to file for   | Check one:  | Check one:   |  |
|    | bankruptcy   | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |  |
|    |  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |  |
|    |  |   |  |  |

Debtor 1 Alan D Adams

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Case number (if known)

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are Bankruptcy Code you are (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

| 7.  | The chapter of the Bankruptcy Code you are   | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |                               |   |  |                                       |                              |  |
|-----|--|---|-------------------------------|---|--|---------------------------------------|------------------------------|--|
|     | choosing to file under   | ☐ Chapte  | er 7                          |   |  |                                       |                              |  |
|     |  | ☐ Chapte  | er 11                         |   |  |                                       |                              |  |
|     |  | ☐ Chapte  | er 12                         |   |  |                                       |                              |  |
|     |  | ■ Chapt   | er 13                         |   |  |                                       |                              |  |
|     |  |   |                               |   |  |                                       |                              |  |
| 8.  | How you will pay the fee   | abo   | out how yo                    | ou may pay. Typicall<br>attorney is submittir | y, if you are paying                       | the fee yourself,                     | you may pay with cash        | ir local court for more details<br>n, cashier's check, or money<br>h a credit card or check with |
|     |  |   |                               |   |  | this option, sign                     | n and attach the Applic      | ation for Individuals to Pay   |
|     |  |   | •                             | ee in Installments (O                         | ,  | this option only                      | if you are filing for Char   | oter 7. By law, a judge may,   |
|     |  | but<br>tha  | t is not req<br>at applies to | uired to, waive your o your family size ar    | fèe, and may do so<br>nd you are unable to | only if your inco<br>pay the fee in i | ome is less than 150%        | of the official poverty line oose this option, you must fill                                     |
| 9.  | Have you filed for bankruptcy within the last 8 years?   | □No. ■Yes.  |                               |   |  |                                       |                              |  |
|     | •  |   | District                      | ilnbke  | When                                       | 3/26/13                               | Case number                  | 13-12212   |
|     |  |   | District                      |   | When                                       |                                       | Case number                  |  |
|     |  |   | District                      |   | When                                       |                                       | Case number                  |  |
|     |  |   |                               |   |  |                                       |                              |  |
| 10. | Are any bankruptcy   | ■No   |                               |   |  |                                       |                              |  |
|     | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | <u></u> Yes.  |                               |   |  |                                       |                              |  |
|     |  |   | Debtor                        |   |  |                                       | Relationship to y            | ou   |
|     |  |   | District                      |   | When                                       |                                       | Case number, if              | known  |
|     |  |   | Debtor                        |   |  |                                       | Relationship to y            | ou   |
|     |  |   | District                      |   | When                                       |                                       | Case number, if              | known  |
| 11. | Do you rent your residence?  | ■No.  | Go to I                       | ine 12.                                       |  |                                       |                              |  |
|     | residence:   | □Yes.   | Has yo                        | ur landlord obtained                          | d an eviction judgme                       | ent against you a                     | ind do you want to stay      | in your residence?   |
|     |  |   |                               | No. Go to line 12.                            |  |                                       |                              |  |
|     |  |   |                               | Yes. Fill out <i>Initial</i> s                |  | Eviction Judgm                        | <i>ent Against You</i> (Form | 101A) and file it with this  |

| Debtor 1 | Alan D Adams | Document | Page 4 01 59 | Case number (if known) |  |
|----------|--------------|----------|--------------|------------------------|--|
|          |              |          |              |                        |  |

| Par  | Report About Any Bu   | sinesses `             | You Own  | as a Sole Proprie                      | tor   |  |
|------|---|------------------------|--|--|---|--|
| 12.  | Are you a sole proprietor of any full- or part-time business?   | ■No.                   | Go to  | Part 4.                                |   |  |
|      |   | □Yes.                  | Name   | and location of bus                    | siness  |  |
|      | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |                        | Name   | of business, if any                    |   |  |
|      | If you have more than one sole proprietorship, use a separate sheet and attach  |                        | Numb   | Number, Street, City, State & ZIP Code |   |  |
|      | it to this petition.  |                        | Check  | k the appropriate bo                   | x to describe your business:  |  |
|      |   |                        |  | Health Care Busin                      | ness (as defined in 11 U.S.C. § 101(27A))   |  |
|      |   |                        |  | Single Asset Real                      | Estate (as defined in 11 U.S.C. § 101(51B))   |  |
|      |   |                        |  | Stockbroker (as d                      | efined in 11 U.S.C. § 101(53A))   |  |
|      |   |                        |  | Commodity Broke                        | er (as defined in 11 U.S.C. § 101(6))   |  |
|      |   |                        |  | None of the above                      | 9   |  |
| 13.  | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?   | deadlines<br>operation | u are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set approprialines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statementations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedu.S.C. 1116(1)(B). |  |   |  |
|      | For a definition of small   | ■No.                   | I am r   | ot filing under Char                   | oter 11.  |  |
|      | business debtor, see 11 U.S.C. § 101(51D).  | □No.                   | I am f<br>Code.  | •                                      | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy  |  |
|      |   | □Yes.                  | I am f   | iling under Chapter                    | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |  |
| Pari | 4: Report if You Own or   | Have Anv               | Hazardo  | us Property or An                      | y Property That Needs Immediate Attention   |  |
|      | Do you own or have any property that poses or is  | ■No.                   |  |  |   |  |
|      | alleged to pose a threat<br>of imminent and<br>identifiable hazard to   | ∐Yes.                  | What is  | the hazard?                            |   |  |
|      | public health or safety? Or do you own any property that needs immediate attention?   |                        |  | liate attention is why is it needed?   |   |  |
|      | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |                        | Where is   | s the property?                        |   |  |
|      |   |                        |  |  | Number, Street, City, State & Zip Code  |  |

Debtor 1 Alan D Adams

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Case number (if known)

Part 5:

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

□ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| l an | not required  | to receive a | briefing | about credit |
|------|---------------|--------------|----------|--------------|
| cou  | nseling becau | ise of:      | _        |              |

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 59 Case number (if known) Debtor 1 Alan D Adams Part 6: **Answer These Questions for Reporting Purposes** Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16. What kind of debts do 16a. you have? individual primarily for a personal, family, or household purpose." No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. □No. Go to line 16c. ☐Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative ☐Yes. after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses □No are paid that funds will be available for □Yes distribution to unsecured creditors? 18. How many Creditors do **□**1,000-5,000 **2**5,001-50,000 1-49 you estimate that you **□**5001-10.000 **15**0.001-100.000 **□**50-99 owe? □10.001-25.000 ☐More than 100.000 **□**100-199 **2**00-999 19. How much do you □\$1,000,001 - \$10 million **□**\$500,000,001 - \$1 billion \$0 - \$50,000 estimate your assets to □\$10,000,001 - \$50 million **□**\$1,000,000,001 - \$10 billion **5**50,001 - \$100,000 be worth? □\$50,000,001 - \$100 million □\$10,000,000,001 - \$50 billion **\$100.001 - \$500.000** □\$100,000,001 - \$500 million □\$500,001 - \$1 million ■More than \$50 billion 20. How much do you □\$1,000,001 - \$10 million □\$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your liabilities □\$10,000,001 - \$50 million □\$1,000,000,001 - \$10 billion **\$50,001 - \$100,000** to be? □\$50,000,001 - \$100 million □\$10,000,000,001 - \$50 billion **\$100,001 - \$500,000 □**\$100,000,001 - \$500 million ☐ More than \$50 billion □\$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Alan D Adams Alan D Adams Signature of Debtor 2 Signature of Debtor 1 Executed on Executed on January 12, 2016

MM / DD / YYYY

MM / DD / YYYY

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Debtor 1 Alan D Adams Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Brenda A       | nn Likavec            | Date         | January 12, 2016      |
|--------------------|-----------------------|--------------|-----------------------|
| Signature of A     | Attorney for Debtor   |              | MM / DD / YYYY        |
|                    |                       |              |                       |
| Brenda Ann         | Likavec               |              |                       |
| Printed name       |                       |              |                       |
| THE SEMRA          | AD LAW FIRM, LLC      |              |                       |
| Firm name          |                       |              |                       |
| 20 S. Clark S      | Street                |              |                       |
| 28th Floor         |                       |              |                       |
| Chicago, IL        | 60603                 |              |                       |
| Number, Street, Ci | ity, State & ZIP Code |              |                       |
| Contact phone _    | (312) 913 0625 Er     | nail address | rsemrad@semradlaw.com |
| 27224-64           |                       |              |                       |
| Bar number & Stat  | e                     |              |                       |

|                    |                          |                   | <u> </u>    |  |
|--------------------|--------------------------|-------------------|-------------|--|
| Fill in this infor | mation to identify your  | case:             |             |  |
| Debtor 1           | Alan D Adams             | Middle Name       | Last Name   |  |
| Debtor 2           |                          |                   |             |  |
| Spouse if, filing) | First Name               | Middle Name       | Last Name   |  |
| Jnited States Ba   | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |  |
| Case number _      |                          |                   |             |  |

☐ Check if this is an amended filing

### Official Form 106Sum

### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par | t 1: Summarize Your Assets   |              |                          |
|-----|--|--------------|--------------------------|
|     |  | Your a       | ssets<br>of what you own |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$           | 0.00                     |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$           | 550.00                   |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$           | 550.00                   |
| Par | t 2: Summarize Your Liabilities  |              |                          |
|     |  |              | abilities<br>t you owe   |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D   | \$           | 0.00                     |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F  | \$           | 5,681.31                 |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$           | 20,261.92                |
|     | Your total liabilities   | \$           | 25,943.23                |
| Par | t 3: Summarize Your Income and Expenses  |              |                          |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$           | 2,000.00                 |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$           | 1,850.00                 |
| Par | t 4: Answer These Questions for Administrative and Statistical Records   |              |                          |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your content of | our other so | chedules.                |
| 7.  | ■ Yes What kind of debt do you have?   |              |                          |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14. | \$  |  |
|----|--|-----|--|
|    |  | 1 - |  |

2,000.00

#### Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total | claim    |
|--|-------|----------|
| From Part 4 on Schedule E/F, copy the following:   |       |          |
| 9a. Domestic support obligations (Copy line 6a.)   | \$    | 3,081.31 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$    | 2,600.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$    | 0.00     |
| 9d. Student loans. (Copy line 6f.)   | \$    | 0.00     |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$    | 0.00     |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$   | 0.00     |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$    | 5,681.31 |

|                                | Case 16-00845  | Doc 1 Filed 01/12                    |   | L:24:47 Desc Main   |
|--------------------------------|--|--------------------------------------|---|---|
| Fill in this i                 | nformation to identify yo                                |                                      |   |   |
| Debtor 1                       | Alan D Adams   |                                      |   |   |
| Dalatano                       | First Name   | Middle Name                          | Last Name   | _   |
| Debtor 2<br>(Spouse, if filing | g) First Name  | Middle Name                          | Last Name   | -   |
| United State                   | es Bankruptcy Court for the                              | : NORTHERN DISTRICT O                | FILLINOIS   | _   |
| Case number                    | er   |                                      |   | Check if this is an amended filing  |
| Official                       | Form 106A/B  |                                      |   |   |
|                                | lule A/B: Pro  | perty                                |   | 12/15   |
| t fits best. Be                | e as complete and accurate a                             | s possible. If two married people    | e are filing together, both are equally respo                                 |   |
|                                | ,  | •                                    |   | ase number (if known). Answer every question                                      |
| Part 1: Des                    | cribe Each Residence, Buildi                             | ng, Land, or Other Real Estate Y     | ou Own or Have an Interest In   |   |
| 1. Do you ow                   | n or have any legal or equital                           | ole interest in any residence, bui   | lding, land, or similar property?   |   |
| No. Go to                      | Part 2.  |                                      |   |   |
| ☐Yes. Who                      | ere is the property?                                     |                                      |   |   |
| Part 2: Des                    | cribe Your Vehicles                                      |                                      |   |   |
| someone els                    | e drives. If you lease a ver                             |                                      | icles, whether they are registered or lee G: Executory Contracts and Unexpire |   |
| ■No                            | , , , , ,  | • , •                                |   |   |
| ⊒No<br>□Yes                    |  |                                      |   |   |
| _                              |  |                                      |   |   |
|                                |  |                                      | al vehicles, other vehicles, and accessels, snowmobiles, motorcycle accessor  |   |
| ■No                            |  |                                      |   |   |
| □Yes                           |  |                                      |   |   |
|                                |  |                                      |   |   |
|                                |  |                                      | tries from Part 2, including any entrie                                       |   |
| Part 3: Des                    | cribe Your Personal and Hou                              | usehold Items                        |   |   |
| Do you ow                      | n or have any legal or equ                               | uitable interest in any of the       | following items?  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|                                | ld goods and furnishings<br>s: Major appliances, furnitu | s<br>ıre, linens, china, kitchenware |   |   |
|                                | Describe   |                                      |   |   |

#### 7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No

☐Yes. Describe.....

Used Furniture

\$200.00

|     |   | Case 16-   | J0845                              | DOC 1                               | Document  | Page 11 of 59  | 24:47       | Desc Main   |
|-----|---|--|------------------------------------|-------------------------------------|---|--|-------------|---|
| De  | ebtor 1   | Alan D Adam  | ıs                                 |                                     | Document  | Case number  | (if known)  |   |
| 8.  | Example<br>■No  | bles of value<br>es: Antiques and<br>other collecti<br>Describe                        |                                    |                                     |   | oks, pictures, or other art objects; s                     | stamp, coir | n, or baseball card collections;  |
| 9.  | Example<br>No   | ent for sports a<br>es: Sports, photo<br>musical instr<br>Describe                     | graphic, ex                        |                                     | ther hobby equipment;   | bicycles, pool tables, golf clubs, sk                      | is; canoes  | and kayaks; carpentry tools;  |
|     | ■No □Yes. [   | oles: Pistols, rifle<br>Describe   | -                                  |                                     | i, and related equipmen   |  |             |   |
|     | Examp<br>☐No  | oles: Everyday cl  | othes, furs,                       | leather coats                       | s, designer wear, shoes   | , accessories  |             |   |
|     |   | Describe   |                                    |                                     |   |  |             |   |
|     |   |  | Used Clo                           | thing                               |   |  |             | \$300.00  |
| 14. | ■No □Yes. [  Non-fai Examp ■No □Yes. [  Any oth ■No □Yes. (  And th | Describe  rm animals  bles: Dogs, cats,  Describe  ner personal an  Give specific info | birds, horse  d househole  rmation | s<br>Id items you<br>ur entries fro | ı did not already list, iı  | ncluding any health aids you did                           | not list    | \$500.00  |
|     | _   |  |                                    |                                     |   |  | ,           |   |
|     |   | scribe Your Finan<br>n or have any l   |                                    | itable intere                       | est in any of the follow  | ring?  |             | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. | ■No   |  | •                                  | •                                   | our home, in a safe depo  | osit box, and on hand when you file                        | your petiti | ion   |
|     | •   |  |                                    |                                     | accounts; certificates on the same instance of the same instance in the same in the | of deposit; shares in credit unions, stitution, list each. | brokerage   | houses, and other similar   |
|     |   |  |                                    |                                     | Institution n   | name:  |             |   |
|     |   |  | 17.1. <b>(</b>                     | Checking                            | Chase   |  |             | \$50.00   |

Case 16-00845 Doc 1 Filed 01/12/16 Entered 01/12/16 11:24:47 Desc Main Document Page 12 of 59 Case number (if known) Debtor 1 Alan D Adams 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: □Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No ☐Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

Yes. Give specific information about them...

# Money or property owed to you?

Current value of the portion you own? Do not deduct secured claims or exemptions.

#### 28. Tax refunds owed to you

Yes. Give specific information about them, including whether you already filed the returns and the tax years......

#### 29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

page 3

| De   | btor 1             | Alan D Adams   | Document   | Page 13 of 59  Case number (if known                           | n)                         |
|------|--------------------|--|--|--|----------------------------|
| į    | ∐Yes. (            | Give specific information                                | on   | <u> </u>   |                            |
|      |                    |  |  | benefits, sick pay, vacation pay, workers' com                 | pensation, Social Security |
| I    | ∐Yes.              | Give specific informati                                  | ion  |  |                            |
|      |                    | sts in insurance policiples: Health, disability,         |  | unt (HSA); credit, homeowner's, or renter's insu               | rance                      |
|      | _                  | Name the insurance co                                    | ompany of each policy and list its value<br>Company name:                  | e.<br>Beneficiary:   | Surrender or refund value: |
|      |                    |  | Term Life  |  | \$0.00                     |
| I    | If you some        |  |  | s died<br>ife insurance policy, or are currently entitled to r | eceive property because    |
| ١    | <i>Exam</i><br>■No |  | pyment disputes, insurance claims, or i                                    | wsuit or made a demand for payment rights to sue               |                            |
|      | No                 | contingent and unliq                                     | •  | uding counterclaims of the debtor and rights                   | to set off claims          |
|      | No                 | nancial assets you di                                    | •  |  |                            |
| 36.  |                    |  | l of your entries from Part 4, includir<br>ber here                        | ng any entries for pages you have attached                     | \$50.00                    |
| Par  | t 5: De            | escribe Any Business-Re                                  | elated Property You Own or Have an Intere                                  | est In. List any real estate in Part 1.                        |                            |
|      | No. Go             | to Part 6.   | r equitable interest in any business-related                               | d property?  |                            |
| L    | _Yes. G            | o to line 38.  |  |  |                            |
| Par  |                    |  | commercial Fishing-Related Property You st in farmland, list it in Part 1. | Own or Have an Interest In.                                    |                            |
| 46.  | ■No.               | u own or have any leg<br>Go to Part 7.<br>Go to line 47. | gal or equitable interest in any farm-                                     | or commercial fishing-related property?                        |                            |
| Par  | t 7:               | Describe All Property                                    | You Own or Have an Interest in That You                                    | Did Not List Above   |                            |
|      | -                  |  | y of any kind you did not already list<br>country club membership          | ?  |                            |
| ļ    | □Yes. (            | Give specific information                                | on   |  |                            |
| 54.  | Add                | the dollar value of all                                  | of your entries from Part 7. Write th                                      | nat number here  | \$0.00                     |
| Offi | cial For           | m 106A/B   | Schedule A   | /B: Property   | page                       |

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Case number (if known)

Document Debtor 1 Alan D Adams

| Part | 8: List the Totals of Each Part of this Form                 |          |                              |          |
|------|--|----------|------------------------------|----------|
| 55.  | Part 1: Total real estate, line 2                            |          |                              | \$0.00   |
| 56.  | Part 2: Total vehicles, line 5                               | \$0.00   |                              |          |
| 57.  | Part 3: Total personal and household items, line 15          | \$500.00 |                              |          |
| 58.  | Part 4: Total financial assets, line 36                      | \$50.00  |                              |          |
| 59.  | Part 5: Total business-related property, line 45             | \$0.00   |                              |          |
| 60.  | Part 6: Total farm- and fishing-related property, line 52    | \$0.00   |                              |          |
| 61.  | Part 7: Total other property not listed, line 54             | + \$0.00 |                              |          |
| 62.  | Total personal property. Add lines 56 through 61             | \$550.00 | Copy personal property total | \$550.00 |
| 63.  | Total of all property on Schedule A/B. Add line 55 + line 62 |          |                              | \$550.00 |

Official Form 106A/B Schedule A/B: Property page 5

|                     | asc 10 000+0 1           | Docume            |                |                         |   |
|---------------------|--------------------------|-------------------|----------------|-------------------------|---|
| Fill in this infor  | mation to identify your  | case:             |                |                         |   |
| Debtor 1            | Alan D Adams             |                   |                |                         |   |
| Debtor 2            | First Name               | Middle Name       | Last Name      |                         |   |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name      |                         |   |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS    |                         |   |
| Case number         |                          |                   |                |                         |   |
| (if known)          |                          |                   |                | ☐ Check if t<br>amended |   |
| Official Fo         | orm 106C                 |                   |                |                         |   |
| Schodul             | o C. Tho Pr              | oporty Vou C      | laim as Evomnt |                         | 4 |

## Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ■You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the<br>portion you own | Amount of the exemption you claim                                 | Specific laws that allow exemption |
|--|---|---|------------------------------------|
|  | Copy the value from<br>Schedule A/B     | Check only one box for each exemption.                            |                                    |
| Used Furniture Line from Schedule A/B: 6.1   | \$200.00                                | \$200.00  | 735 ILCS 5/12-1001(b)              |
| Line Holli Schedule A.B. 0.1   |   | ☐ 100% of fair market value, up to any applicable statutory limit |                                    |
| Used Clothing Line from Schedule A/B: 11.1   | \$300.00                                | \$300.00  | 735 ILCS 5/12-1001(a)              |
| Line from <i>Genedate Alb</i> . 11.1   |   | ☐ 100% of fair market value, up to any applicable statutory limit |                                    |
| Checking: Chase Line from Schedule A/B: 17.1   | \$50.00                                 | \$50.00   | 735 ILCS 5/12-1001(b)              |
| Line nom <i>Schedule AVB</i> . 17.1  |   | 100% of fair market value, up to any applicable statutory limit   |                                    |

3. Are you claiming a homestead exemption of more than \$155,675?

(Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.)

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes 

|   |                          | DOWN              |             |  |
|---|--------------------------|-------------------|-------------|--|
| Fill in this info                       | rmation to identify your | case:             |             |  |
| Debtor 1                                | Alan D Adams             |                   |             |  |
|   | First Name               | Middle Name       | Last Name   |  |
| Debtor 2                                |                          |                   |             |  |
| (Spouse if, filing)                     | First Name               | Middle Name       | Last Name   |  |
| United States Bankruptcy Court for the: |                          | NORTHERN DISTRICT | OF ILLINOIS |  |
| Case number                             |                          |                   |             |  |
| (if known)                              |                          |                   |             |  |
|   |                          |                   |             |  |

### Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - ■No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - ☐Yes. Fill in all of the information below.

| Fill i                                     | n this informa   | ation to identify your  | case:  |   |                                   |                                      |   |  |   |
|--|--|---|--|---|-----------------------------------|--------------------------------------|---|--|---|
| Debt                                       | tor 1  | Alan D Adams  |  |   |                                   |                                      |   |  |   |
|  |  | First Name  | Middle   | e Name  | Last Name                         | ,                                    |   |  |   |
|  | tor 2<br>se if, filing)  | First Name  | Middle   | e Name  | Last Name                         | )                                    |   |  |   |
| Unite                                      | ed States Bank   | kruptcy Court for the:  | NORTHE   | RN DISTRICT OF ILLIN  | NOIS                              |                                      |   |  |   |
| Case                                       | e number   |   |  |   |                                   |                                      |   | _  | if this is an   |
|  |  |   |  |   |                                   |                                      |   | ameno  | led filing  |
|  | cial Form  |   |  |   |                                   |                                      |   |  |   |
|  |  |   |  | e Unsecured C   |                                   |                                      |   |  | 12/15   |
| iny ex<br>Sched<br>D: Cre<br>he Co<br>numb | xecutory contractule G: Executoreditors Who Haventinuation Pager (if known). | cts or unexpired leases t<br>ry Contracts and Unexpi<br>ve Claims Secured by Pr<br>e to this page. If you hav | that could re<br>red Leases (<br>operty. If mo<br>e no informa | creditors with PRIORITY cl<br>sult in a claim. Also list e<br>(Official Form 106G). Do no<br>ore space is needed, copy<br>ation to report in a Part, do | xecutory<br>ot includ<br>the Part | contracts<br>e any cred<br>you need, | on Schedule A/B: Pro<br>itors with partially sec<br>fill it out, number the | operty (Official Form<br>cured claims that are<br>entries in the boxes | 106A/B) and on<br>listed in Schedule<br>on the left. Attach |
| Part                                       |  | of Your PRIORITY Un<br>have priority unsecured  |  |   |                                   |                                      |   |  |   |
| _  | No. Go to Part   | . ,   | i ciaims agai  | inst you?   |                                   |                                      |   |  |   |
|  | Yes.   |   |  |   |                                   |                                      |   |  |   |
| 2. L                                       | List all of your p<br>dentify what type<br>possible, list the o              | of claim it is. If a claim had<br>claims in alphabetical orde   | s both priority<br>r according to                              | has more than one priority of<br>and nonpriority amounts, list<br>the creditor's name. If you<br>he other creditors in Part 3.                          | st that cla                       | aim here an                          | d show both priority an   | d nonpriority amounts  | . As much as  |
| (  | For an explanation   | on of each type of claim, so  | ee the instruc   | ctions for this form in the ins   | truction b                        | ooklet.)                             | Total claim   | Priority<br>amount   | Nonpriority amount  |
| 2.1  | II Dept Of   | Healthcare  |  | Last 4 digits of account r  | number                            | 8031                                 | \$3,081.31  | \$3,081.31   | \$0.00  |
|  | Priority Cred  | xth St  |  | When was the debt incur   | red?                              | Opened<br>Active                     | I 8/01/09 Last<br>6/24/15   |  |   |
|  |  | d, IL 62701<br>eet City State Zlp Code  |  | As of the date you file, th   | e claim i                         | s: Check al                          | Il that apply   | -  |   |
|  |  | the debt? Check one.  |  | Contingent  | ic ciaiiii                        | 3. Officer a                         | п тат аррту   |  |   |
|  | Debtor 1 only  | ,   |  | □Jnliquidated   |                                   |                                      |   |  |   |
|  | Debtor 2 only  |   |  | Disputed  |                                   |                                      |   |  |   |
|  | Debtor 1 and   | Debtor 2 only   |  | Type of PRIORITY unsec  | ured cla                          | m:                                   |   |  |   |
|  | ☐At least one o  | of the debtors and another  |  | Domestic support obliga   | ations                            |                                      |   |  |   |
|  | ☐Check if this   | claim is for a communit   | ty debt  | ☐Faxes and certain other  | debts yo                          | u owe the g                          | overnment   |  |   |
|  | Is the claim sul   | bject to offset?  |  | ☐Claims for death or pers   | onal inju                         | y while you                          | were intoxicated  |  |   |
|  | No   |   |  | Other. Specify  |                                   |                                      |   |  |   |
|  | ☐Yes   |   |  | Fam   | ily Sup                           | port                                 |   |  |   |
| 2.2  | IRS  |   |  | Last 4 digits of account r  | number                            |                                      | \$2,600.00  | \$0.00   | \$2,600.00  |
|  | Priority Cred<br>P.O. Box  |   |  | When was the debt incur   | rod2                              | 2011                                 |   |  |   |
|  |  | 7346<br>hia, PA 19101-7346  |  | When was the debt incur   | ieu:                              | 2011                                 |   | -  |   |
|  | Number Stre  | eet City State Zlp Code   |  | As of the date you file, th   | e claim i                         | s: Check al                          | Il that apply   |  |   |
|  | Who incurred t   | the debt? Check one.  |  | ☐Contingent   |                                   |                                      |   |  |   |
|  | Debtor 1 only  | ,   |  | □Jnliquidated   |                                   |                                      |   |  |   |
|  | Debtor 2 only  |   |  | Disputed  |                                   |                                      |   |  |   |
|  | Debtor 1 and   | Debtor 2 only   |  | Type of PRIORITY unsec  | ured cla                          | m:                                   |   |  |   |
|  | ☐At least one o  | of the debtors and another  |  | Domestic support obliga   | tions                             |                                      |   |  |   |
|  | <del>_</del>   | claim is for a communit   | ty debt  | Taxes and certain other   | -                                 | -                                    |   |  |   |
|  | Is the claim sul   | bject to offset?  |  | Claims for death or pers  | onal inju                         | y while you                          | were intoxicated  |  |   |
|  | ■No<br>□Yes  |   |  | □Other. Specify   | Liability                         | ,                                    |   |  |   |
|  | <b>—</b> :   |   |  | iux   |                                   |                                      |   |  |   |

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| 2.3  | Kimberly Davis   | Last 4 digits of account number   | \$0.00                                  | \$0.00      | \$0.00     |
|------|--|---|---|-------------|------------|
|      | Priority Creditor's Name c/o Illinois Dept of Healthcare PO Box 19405  | When was the debt incurred?   |   |             |            |
|      | Springfield, IL 62794  Number Street City State Zlp Code   | As of the date you file, the claim is:                                      | Check all that apply                    |             |            |
|      | Who incurred the debt? Check one.  | Contingent  | ,                                       |             |            |
|      | Debtor 1 only  | □Jnliquidated   |   |             |            |
|      | Debtor 2 only  |   |   |             |            |
|      |  | ☐Disputed  Type of PRIORITY unsecured claim:                                |   |             |            |
|      | Debtor 1 and Debtor 2 only   |   | •                                       |             |            |
|      | At least one of the debtors and another  | Domestic support obligations  |   |             |            |
|      | ☐Check if this claim is for a community debt Is the claim subject to offset?   | ☐Faxes and certain other debts you o ☐Claims for death or personal injury v | =                                       |             |            |
|      | No   | Other. Specify  |   |             |            |
|      | Yes  |   |   |             |            |
| 2.4  | Kimberly Davis   | Last 4 digits of account number   | \$0.00                                  | \$0.00      | \$0.00     |
|      | Priority Creditor's Name   | When was the debt incurred?   |   |             |            |
|      | ADDRESS UNKNOWN  | _   |   |             |            |
|      | Number Street City State Zlp Code  | As of the date you file, the claim is:                                      | Check all that apply                    |             |            |
|      | Who incurred the debt? Check one.  | Contingent  |   |             |            |
|      | Debtor 1 only  | □Jnliquidated   |   |             |            |
|      | Debtor 2 only  | Disputed  |   |             |            |
|      | Debtor 1 and Debtor 2 only   | Type of PRIORITY unsecured claim  | :                                       |             |            |
|      | ☐At least one of the debtors and another   | Domestic support obligations  |   |             |            |
|      | ☐Check if this claim is for a community debt   | ☐Faxes and certain other debts you o  | we the government                       |             |            |
|      | Is the claim subject to offset?  | Claims for death or personal injury v                                       | while you were intoxicated              |             |            |
|      | No   | ☐Other. Specify   |   |             |            |
|      | <b>□</b> Yes   | Child Suppor  | t                                       |             |            |
| Part | 2: List All of Your NONPRIORITY Unsecu   | red Claims  |   |             |            |
|      | o any creditors have nonpriority unsecured claims  |   |   |             |            |
| _    | _  |   | lulaa                                   |             |            |
|      | No. You have nothing to report in this part. Submit thi  | is form to the court with your other sched                                  | luies.                                  |             |            |
|      | Yes.   |   |   |             |            |
|      | ist all of your nonpriority unsecured claims in the  |   |   |             |            |
|      | aim, list the creditor separately for each claim. For eac<br>editor holds a particular claim, list the other creditors i |   |   |             |            |
|      |  |   |   | Total clain | n          |
| 4.1  | Abri Credit Union  | Last 4 digits of account number   | 0001                                    | \$          | 311,598.84 |
|      | Nonpriority Creditor's Name  | _   | 0 10/00/00 1 11 11                      |             |            |
|      | 1350 W Renwick Rd<br>Romeoville, IL 60446  | When was the debt incurred?   | Opened 8/28/08 Last Active 7/13/09      | e<br>       |            |
|      | Number Street City State Zlp Code  | As of the date you file, the claim  | is: Check all that apply                |             |            |
|      | Who incurred the debt? Check one.  |   |   |             |            |
|      | ■Debtor 1 only   | Contingent  |   |             |            |
|      | Debtor 2 only  | ☐ Unliquidated  |   |             |            |
|      | Debtor 1 and Debtor 2 only   | Disputed  | d alaim.                                |             |            |
|      | ☐At least one of the debtors and another   | Type of NONPRIORITY unsecure  Student loans                                 | u Ciaiiii.                              |             |            |
|      | Check if this claim is for a community debt  | <u> </u>  | ation agreement or divorce that you did | not         |            |
|      | Is the claim subject to offset?  | report as priority claims   | anon agreement or divorce that you did  | 1101        |            |
|      | ■No  | Debts to pension or profit-sharing  | plans, and other similar debts          |             |            |
|      | <u></u> res  | Other. Specify Unsecured  |   |             |            |
|      |  |   |   |             |            |

Debtor 1 Alan D Adams

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Debtor 1 Alan D Adams Case number (if know) 4.2 Afni, Inc. (Original Creditor:At T) Last 4 digits of account number 8567 \$1.00 Nonpriority Creditor's Name Opened 5/03/12 Last Active Po Box 3097 When was the debt incurred? 9/01/12 Bloomington, IL 61702 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Contingent Debtor 1 only **□** Unliquidated Debtor 2 only Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐Student loans Check if this claim is for a community debt Dbligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts No Collection At T □Yes Other. Specify 4.3 Afni, Inc. (Original Creditor:At T) \$108.00 Last 4 digits of account number 3393 Nonpriority Creditor's Name Opened 11/27/12 Last Active Po Box 3097 When was the debt incurred? 1/01/13 Bloomington, IL 61702 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Contingent Debtor 1 only ■ Unliquidated Debtor 2 only Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐Student loans Check if this claim is for a community debt Dbligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts No Collection At T □Yes Other. Specify Atg Credit Llc (Original 7203 \$1.00 4.4 Creditor:Nopay) Last 4 digits of account number Nonpriority Creditor's Name Opened 12/01/12 Last Active 1043 W. Grandville When was the debt incurred? 3/01/08 Chicago, IL 60660 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Contingent Debtor 1 only □Jnliquidated Debtor 2 only Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: TAt least one of the debtors and another ☐Student loans Check if this claim is for a community debt Dbligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts No Collection Nopay □Yes Other. Specify

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| Debte | or 1 Alan D Adams  | Case number (if know)   |            |  |  |  |
|-------|--|---|------------|--|--|--|
| 4.5   | City of Chicago Parking  | Last 4 digits of account number   | \$366.00   |  |  |  |
|       | Nonpriority Creditor's Name 121 N Lasalle Street ROOM 107A Chicago II 60602                | When was the debt incurred?   |            |  |  |  |
|       | Chicago, IL 60602  Number Street City State Zlp Code                                       | As of the date you file, the claim is: Check all that apply   |            |  |  |  |
|       | Who incurred the debt? Check one.  | Contingent  |            |  |  |  |
|       | Debtor 1 only  | □Jnliquidated   |            |  |  |  |
|       | Debtor 2 only  | Disputed  |            |  |  |  |
|       | Debtor 1 and Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |            |  |  |  |
|       | At least one of the debtors and another  | ☐Student loans  |            |  |  |  |
|       | Check if this claim is for a community debt Is the claim subject to offset?                | □Dbligations arising out of a separation agreement or divorce that you did report as priority claims  | not        |  |  |  |
|       | No   | Debts to pension or profit-sharing plans, and other similar debts   |            |  |  |  |
|       | □Yes   | Other. Specify Parking Tickets  |            |  |  |  |
| 4.6   | Com Ed   | Last 4 digits of account number   | \$366.00   |  |  |  |
|       | Nonpriority Creditor's Name<br>2100 Swift Drive<br>Oak Brook, IL 60523                     | When was the debt incurred?   |            |  |  |  |
|       | Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply   |            |  |  |  |
|       | Who incurred the debt? Check one.  | Contingent  |            |  |  |  |
|       | Debtor 1 only  | □ Juliquidated  |            |  |  |  |
|       | Debtor 2 only  | Disputed  |            |  |  |  |
|       | Debtor 1 and Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |            |  |  |  |
|       | ☐At least one of the debtors and another   | Student loans   |            |  |  |  |
|       | ☐Check if this claim is for a community debt   | Dbligations arising out of a separation agreement or divorce that you did   | not        |  |  |  |
|       | Is the claim subject to offset?  | report as priority claims   |            |  |  |  |
|       | No   | Debts to pension or profit-sharing plans, and other similar debts   |            |  |  |  |
|       | <b>□</b> Yes   | ■Other. Specify Past Due  |            |  |  |  |
| 4.7   | Credit Acceptance  | Last 4 digits of account number 0151  | \$2,785.00 |  |  |  |
|       | Nonpriority Creditor's Name<br>25505 West 12 Mile Rd<br>Suite 3000<br>Southfield, MI 48034 | Opened 8/01/10 Last Activ 3/03/15   | e          |  |  |  |
|       | Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply   |            |  |  |  |
|       | Who incurred the debt? Check one.  | Contingent  |            |  |  |  |
|       | Debtor 1 only  | □ Dnliquidated  |            |  |  |  |
|       | Debtor 2 only  | Disputed  |            |  |  |  |
|       | Debtor 1 and Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |            |  |  |  |
|       | ☐At least one of the debtors and another   | □Student loans □Dbligations arising out of a separation agreement or divorce that you did not report as priority claims □Debts to pension or profit-sharing plans, and other similar debts ■Other. Specify Automobile |            |  |  |  |
|       | Check if this claim is for a community debt Is the claim subject to offset?                |   |            |  |  |  |
|       | ■No  |   |            |  |  |  |
|       | <b>∐</b> Yes   |   |            |  |  |  |
|       |  |   |            |  |  |  |

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| Debioi | Alan D Adams  |   | Case Humber (II know)                       |          |  |  |
|--------|---|---|---|----------|--|--|
| 4.8    | Creditors Collection B (Original Credito Nonpriority Creditor's Name        | Last 4 digits of account number                                   | 0164  | \$1.00   |  |  |
|        | 755 Almar Pkwy<br>Bourbonnais, IL 60914                                     | When was the debt incurred?                                       | Opened 12/21/07 Last Active 4/01/08         |          |  |  |
|        | Number Street City State Zlp Code   | As of the date you file, the claim i                              | s: Check all that apply                     |          |  |  |
|        | Who incurred the debt? Check one.   | Contingent  |   |          |  |  |
|        | Debtor 1 only   | □Jnliquidated   |   |          |  |  |
|        | Debtor 2 only   | Disputed  |   |          |  |  |
|        | Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecured                                     | d claim:                                    |          |  |  |
|        | ☐At least one of the debtors and another                                    | ☐Student loans  |   |          |  |  |
|        | Check if this claim is for a community debt ls the claim subject to offset? | Dbligations arising out of a separareport as priority claims      |   |          |  |  |
|        | No  | Debts to pension or profit-sharing                                | plans, and other similar debts              |          |  |  |
|        | <b>□</b> Yes  | Other. Specify Collection A                                       | Assoc. St. James Radiologists               |          |  |  |
| 4.9    | Enhanced Recovery Co L (Original Credito                                    | Last 4 digits of account number                                   | 3517  | \$1.00   |  |  |
|        | Nonpriority Creditor's Name<br>8014 Bayberry Rd<br>Jacksonville, FL 32256   | When was the debt incurred?                                       | Opened 9/29/11 Last Active 11/01/11         |          |  |  |
|        | Number Street City State Zlp Code   | As of the date you file, the claim i                              | s: Check all that apply                     |          |  |  |
|        | Who incurred the debt? Check one.   | Contingent  |   |          |  |  |
|        | Debtor 1 only   | □ Unliquidated  |   |          |  |  |
|        | Debtor 2 only   | Disputed  |   |          |  |  |
|        | Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecured                                     | d claim:                                    |          |  |  |
|        | ☐At least one of the debtors and another                                    | ☐Student loans  |   |          |  |  |
|        | Check if this claim is for a community debt ls the claim subject to offset? | □Dbligations arising out of a separareport as priority claims     |   |          |  |  |
|        | ■No   | Debts to pension or profit-sharing                                |   |          |  |  |
|        | <b>□</b> Yes  | Other. Specify Collection S                                       | Sprint                                      |          |  |  |
| 4.10   | First Premier Bank Nonpriority Creditor's Name                              | Last 4 digits of account number                                   | 9872  | \$424.00 |  |  |
|        | 601 S Minnesota Ave<br>Sioux Falls, SD 57104                                | When was the debt incurred?                                       | Opened 7/08/07 Last Active 4/01/08          |          |  |  |
|        | Number Street City State Zlp Code   | As of the date you file, the claim i                              | s: Check all that apply                     |          |  |  |
|        | Who incurred the debt? Check one.   | Contingent  |   |          |  |  |
|        | Debtor 1 only   | □Unliquidated   |   |          |  |  |
|        | Debtor 2 only   | Disputed  |   |          |  |  |
|        | Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecured                                     |   |          |  |  |
|        | ☐At least one of the debtors and another                                    | ☐Student loans  |   |          |  |  |
|        | Check if this claim is for a community debt ls the claim subject to offset? | ☐Obligations arising out of a separa                              | ation agreement or divorce that you did not |          |  |  |
|        | No  | Debts to pension or profit-sharing plans, and other similar debts |   |          |  |  |
|        | ∏Yes  | ■Other Specify Credit Card  |   |          |  |  |

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|-------|--|--|----------|--|--|--|
| 4.11  | Guaranty Bank Nonpriority Creditor's Name                                    | Last 4 digits of account number  | \$1.00   |  |  |  |
|       | 16300 Harlem Avenue<br>Tinley Park, IL 60409                                 | When was the debt incurred?  |          |  |  |  |
|       | Number Street City State Zlp Code  | As of the date you file, the claim is: Check all that apply  |          |  |  |  |
|       | Who incurred the debt? Check one.  | Contingent   |          |  |  |  |
|       | Debtor 1 only  | □Jnliquidated  |          |  |  |  |
|       | Debtor 2 only  | Disputed   |          |  |  |  |
|       | Debtor 1 and Debtor 2 only   | Type of NONPRIORITY unsecured claim:   |          |  |  |  |
|       | ☐At least one of the debtors and another                                     | ☐Student loans   |          |  |  |  |
|       | Check if this claim is for a community debt Is the claim subject to offset?  | Dbligations arising out of a separation agreement or divorce that you d report as priority claims  | d not    |  |  |  |
|       | ■No  | Debts to pension or profit-sharing plans, and other similar debts  |          |  |  |  |
|       | Yes  | Other. Specify NSF   |          |  |  |  |
| 4.12  | Harris & Harris Ltd (Original Creditor:S  Nonpriority Creditor's Name        | Last 4 digits of account number  | \$1.00   |  |  |  |
|       | 111 W Jackson Blvd S-400<br>Chicago, IL 60604                                | When was the debt incurred? Opened 7/14/08 Last Act 2/01/10  | ve<br>   |  |  |  |
|       | Number Street City State Zlp Code  Who incurred the debt? Check one.         | As of the date you file, the claim is: Check all that apply  |          |  |  |  |
|       | _  | Contingent   |          |  |  |  |
|       | Debtor 1 only  | □Jnliquidated  |          |  |  |  |
|       | Debtor 2 only  | Disputed   |          |  |  |  |
|       | Debtor 1 and Debtor 2 only   | Type of NONPRIORITY unsecured claim:   |          |  |  |  |
|       | At least one of the debtors and another                                      | ☐Student loans   |          |  |  |  |
|       | ☐Check if this claim is for a community debt Is the claim subject to offset? | Dbligations arising out of a separation agreement or divorce that you d report as priority claims  | d not    |  |  |  |
|       | ■No  | Debts to pension or profit-sharing plans, and other similar debts  |          |  |  |  |
|       | <u></u> Yes  | Other. Specify Collection St. James Hosp HIth Center   | <u>S</u> |  |  |  |
| 4.13  | Harvard Collection Nonpriority Creditor's Name                               | Last 4 digits of account number 5550   | \$180.00 |  |  |  |
|       | Harvard Collection Services<br>4839 N Elston Avenue                          | When was the debt incurred? Opened 1/01/15   |          |  |  |  |
|       | Chicago, IL 60630  Number Street City State Zlp Code                         | As of the date you file, the claim is: Check all that apply  |          |  |  |  |
|       | Who incurred the debt? Check one.  | The of the date yearing, the diam is: officer all that apply   |          |  |  |  |
|       | Debtor 1 only  | Contingent   |          |  |  |  |
|       | Debtor 2 only  | □Jnliquidated  |          |  |  |  |
|       | Debtor 1 and Debtor 2 only   | Disputed   |          |  |  |  |
|       | At least one of the debtors and another                                      | Type of NONPRIORITY unsecured claim:  □Student loans □Dbligations arising out of a separation agreement or divorce that you did not report as priority claims □Debts to pension or profit-sharing plans, and other similar debts |          |  |  |  |
|       | Check if this claim is for a community debt                                  |  |          |  |  |  |
|       | Is the claim subject to offset?  |  |          |  |  |  |
|       | No   |  |          |  |  |  |
|       | <u></u> Yes  | Other. Specify Collection Attorney II Dept Of Human Sv   | CS       |  |  |  |

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| Debioi | Alan D Adams  |   | Case number (ii know)                       |               |  |  |  |  |  |
|--------|---|---|---|---------------|--|--|--|--|--|
| 4.14   | L J Ross And Associate (Original Credito                                    | Last 4 digits of account number   | 4224  | \$1.00        |  |  |  |  |  |
|        | Nonpriority Creditor's Name   |   | On and 42/40/42 Look Active                 |               |  |  |  |  |  |
|        | Po Box 1838<br>Ann Arbor, MI 48106  | When was the debt incurred?   | Opened 12/19/12 Last Active 2/01/13         |               |  |  |  |  |  |
|        | Number Street City State Zlp Code   | As of the date you file, the claim i  | s: Check all that apply                     |               |  |  |  |  |  |
|        | Who incurred the debt? Check one.   | Contingent  |   |               |  |  |  |  |  |
|        | Debtor 1 only   | □Jnliquidated   |   |               |  |  |  |  |  |
|        | Debtor 2 only   | Disputed  |   |               |  |  |  |  |  |
|        | Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecured   | d claim:                                    |               |  |  |  |  |  |
|        | ☐At least one of the debtors and another                                    | ☐Student loans  |   |               |  |  |  |  |  |
|        | Check if this claim is for a community debt ls the claim subject to offset? | Dbligations arising out of a separareport as priority claims  | ation agreement or divorce that you did not |               |  |  |  |  |  |
|        | ■No   | Debts to pension or profit-sharing  | plans, and other similar debts              |               |  |  |  |  |  |
|        | <u></u> Yes   | Other. Specify Collection C   | Comed                                       |               |  |  |  |  |  |
|        | MCSI -Municipal Collection Services,  |   |   |               |  |  |  |  |  |
| 4.15   | Inc   | Last 4 digits of account number   | 5432  | \$100.00      |  |  |  |  |  |
|        | Nonpriority Creditor's Name<br>7330 College Dr                              | When was the debt incurred?   |   |               |  |  |  |  |  |
|        | Suite 108   |   |   |               |  |  |  |  |  |
|        | Palo Heights, IL 60463  |   |   |               |  |  |  |  |  |
|        | Number Street City State Zlp Code   | As of the date you file, the claim i  | s: Check all that apply                     |               |  |  |  |  |  |
|        | Who incurred the debt? Check one.   | Contingent  |   |               |  |  |  |  |  |
|        | Debtor 1 only   | □Jnliquidated   |   |               |  |  |  |  |  |
|        | Debtor 2 only   | Disputed  |   |               |  |  |  |  |  |
|        | Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecured   | d claim:                                    |               |  |  |  |  |  |
|        | At least one of the debtors and another                                     | ☐Student loans  |   |               |  |  |  |  |  |
|        | Check if this claim is for a community debt Is the claim subject to offset? | Dbligations arising out of a separation agreement or divorce that you did not report as priority claims |   |               |  |  |  |  |  |
|        | No  | Debts to pension or profit-sharing  | plans, and other similar debts              |               |  |  |  |  |  |
|        | ∐Yes  | Other. Specify 01 City Of 0   | Country Club Hills Ss                       |               |  |  |  |  |  |
|        | Mcsi Inc (Original Creditor:01 City Of                                      |   | 0000  | <b>#50.00</b> |  |  |  |  |  |
| 4.16   | C Nonpriority Creditor's Name   | Last 4 digits of account number   | <u>6232</u>                                 | \$50.00       |  |  |  |  |  |
|        |   |   | Opened 2/01/11 Last Active                  |               |  |  |  |  |  |
|        | Po Box 327 Palos Heights, IL 60463  | When was the debt incurred?   | 5/01/11                                     |               |  |  |  |  |  |
|        | Number Street City State Zlp Code   | As of the date you file, the claim i  | s: Check all that apply                     |               |  |  |  |  |  |
|        | Who incurred the debt? Check one.   | _   |   |               |  |  |  |  |  |
|        | Debtor 1 only   | Contingent  |   |               |  |  |  |  |  |
|        | Debtor 2 only   | ☐Jnliquidated<br>—  |   |               |  |  |  |  |  |
|        | Debtor 1 and Debtor 2 only  | Disputed  | 1 claim:                                    |               |  |  |  |  |  |
|        | At least one of the debtors and another                                     | Type of NONPRIORITY unsecured  Student loans  | a Claiiii.                                  |               |  |  |  |  |  |
|        | Check if this claim is for a community debt                                 | <u> </u>  | ation agreement or divorce that you did not |               |  |  |  |  |  |
|        | Is the claim subject to offset?   | report as priority claims   | ation agreement or divorce that you did not |               |  |  |  |  |  |
|        | ■No   | Debts to pension or profit-sharing  | plans, and other similar debts              |               |  |  |  |  |  |
|        | ∐Yes  | Other Specify 01 City Of 0  | Country Club Hills Pt                       |               |  |  |  |  |  |

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| Debto | r 1 Alan D Adams  |   | Case number (if know)                       |            |  |  |  |  |  |
|-------|---|---|---|------------|--|--|--|--|--|
| 4.17  | Midland Funding (Original<br>Creditor:T-Mob                                 | Last 4 digits of account number                               | 3337  | \$1,255.00 |  |  |  |  |  |
| 4.17  | Nonpriority Creditor's Name   | Last 4 digits of account number                               |   | Ψ1,200.00  |  |  |  |  |  |
|       | 8875 Aero Dr Ste 200<br>San Diego, CA 92123                                 | When was the debt incurred?                                   | Opened 12/28/12 Last Active 3/01/13         |            |  |  |  |  |  |
|       | Number Street City State Zlp Code   | As of the date you file, the claim i                          | laim is: Check all that apply               |            |  |  |  |  |  |
|       | Who incurred the debt? Check one.   | Contingent  |   |            |  |  |  |  |  |
|       | Debtor 1 only   | □Unliquidated   |   |            |  |  |  |  |  |
|       | Debtor 2 only   | Disputed  |   |            |  |  |  |  |  |
|       | Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecured                                 | l claim:                                    |            |  |  |  |  |  |
|       | ☐At least one of the debtors and another                                    | ☐Student loans  |   |            |  |  |  |  |  |
|       | Check if this claim is for a community debt ls the claim subject to offset? | □Dbligations arising out of a separareport as priority claims | ation agreement or divorce that you did not |            |  |  |  |  |  |
|       | No  | Debts to pension or profit-sharing                            | plans, and other similar debts              |            |  |  |  |  |  |
|       | Yes   | Other. Specify Factoring C                                    | ompany Account T-Mobile                     |            |  |  |  |  |  |
|       | Millenium Credit Con (Original  |   |   |            |  |  |  |  |  |
| 4.18  | Creditor: Nonpriority Creditor's Name                                       | Last 4 digits of account number                               | 3557  | \$54.00    |  |  |  |  |  |
|       | 149 E Thompson Ave<br>West St Paul, MN 55118                                | When was the debt incurred?                                   | Opened 12/01/08 Last Active 10/01/08        |            |  |  |  |  |  |
|       | Number Street City State Zlp Code   | As of the date you file, the claim i                          | s: Check all that apply                     |            |  |  |  |  |  |
|       | Who incurred the debt? Check one.   | _   | ,   |            |  |  |  |  |  |
|       | Debtor 1 only   | Contingent  |   |            |  |  |  |  |  |
|       | Debtor 2 only   | □ Unliquidated  |   |            |  |  |  |  |  |
|       | Debtor 1 and Debtor 2 only  | ☐Disputed  Type of NONPRIORITY unsecured                      | l claim:                                    |            |  |  |  |  |  |
|       | ☐At least one of the debtors and another                                    | Student loans   | r Claiiii.                                  |            |  |  |  |  |  |
|       | Check if this claim is for a community debt                                 | —<br>☐Dbligations arising out of a separate                   | ation agreement or divorce that you did not |            |  |  |  |  |  |
|       | Is the claim subject to offset?   | report as priority claims  Debts to pension or profit-sharing | plane, and other cimilar debte              |            |  |  |  |  |  |
|       | No  | — Callastian T  | cf National Ba                              |            |  |  |  |  |  |
|       | ∐Yes  | Other. Specify Collection                                     | CI National Ba                              |            |  |  |  |  |  |
| 4.19  | Municollofam (Original Creditor:04 Villa Nonpriority Creditor's Name        | Last 4 digits of account number                               | 2483  | \$125.00   |  |  |  |  |  |
|       | 3348 Ridge Road<br>Lansing, IL 60438  | When was the debt incurred?                                   | Opened 12/01/12 Last Active 3/01/13         |            |  |  |  |  |  |
|       | Number Street City State Zlp Code   | As of the date you file, the claim i                          | s: Check all that apply                     |            |  |  |  |  |  |
|       | Who incurred the debt? Check one.   | Contingent  |   |            |  |  |  |  |  |
|       | Debtor 1 only   | □Jnliquidated   |   |            |  |  |  |  |  |
|       | Debtor 2 only   | Disputed  |   |            |  |  |  |  |  |
|       | Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecured                                 | I claim:                                    |            |  |  |  |  |  |
|       | ☐At least one of the debtors and another                                    | ☐Student loans  |   |            |  |  |  |  |  |
|       | Check if this claim is for a community debt ls the claim subject to offset? | □Dbligations arising out of a separareport as priority claims | ation agreement or divorce that you did not |            |  |  |  |  |  |
|       | ■No   | Debts to pension or profit-sharing                            | plans, and other similar debts              |            |  |  |  |  |  |
|       | <b>□</b> Yes  | Other. Specify 04 Village 0                                   | Of Park Forest Tag                          |            |  |  |  |  |  |
|       |   | . ,   | -   |            |  |  |  |  |  |

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|-------|---|---|---|----------|
| 4.20  | Municollofam (Original Creditor:04 Villa                                    | Last 4 digits of account number                               | 2484  | \$125.00 |
|       | Nonpriority Creditor's Name   |   | On an all 40/04/40   Last Astice            |          |
|       | 3348 Ridge Road<br>Lansing, IL 60438  | When was the debt incurred?                                   | Opened 12/01/12 Last Active 3/01/13         |          |
|       | Number Street City State Zlp Code   | As of the date you file, the claim                            | s: Check all that apply                     |          |
|       | Who incurred the debt? Check one.   | Contingent  |   |          |
|       | Debtor 1 only   | <br>□Jnliquidated   |   |          |
|       | Debtor 2 only   | Disputed  |   |          |
|       | Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecure                                  | d claim:                                    |          |
|       | ☐At least one of the debtors and another                                    | ☐Student loans  |   |          |
|       | Check if this claim is for a community debt Is the claim subject to offset? | □Dbligations arising out of a separ report as priority claims | ation agreement or divorce that you did not |          |
|       | No  | Debts to pension or profit-sharing                            | plans, and other similar debts              |          |
|       | ∐Yes  | Other. Specify 04 Village 0                                   | Of Park Forest Tag                          |          |
|       |   |   |   |          |
|       | Municollofam (Original Creditor:04  |   | 0806  | \$70.00  |
| 4.21  | Villa Nonpriority Creditor's Name   | Last 4 digits of account number                               | 9896  | \$70.00  |
|       | •   |   | Opened 1/01/12 Last Active                  |          |
|       | 3348 Ridge Road<br>Lansing, IL 60438  | When was the debt incurred?                                   | 4/01/12                                     |          |
|       | Number Street City State Zlp Code   | As of the date you file, the claim                            | s: Check all that apply                     |          |
|       | Who incurred the debt? Check one.   | Contingent  |   |          |
|       | Debtor 1 only   | <br>□Jnliquidated   |   |          |
|       | Debtor 2 only   | Disputed  |   |          |
|       | Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecure                                  | d claim:                                    |          |
|       | ☐At least one of the debtors and another                                    | ☐Student loans  |   |          |
|       | Check if this claim is for a community debt Is the claim subject to offset? | □Dbligations arising out of a separ report as priority claims | ation agreement or divorce that you did not |          |
|       | No  | Debts to pension or profit-sharing                            | plans, and other similar debts              |          |
|       | <u> </u>  | - 04 \/:!!=== (   |   |          |
|       | ∐Yes  | Other. Specify 04 VIIIage C                                   | Of Park Forest Tag                          |          |
| 4.22  | Nicor Nonpriority Creditor's Name   | Last 4 digits of account number                               |   | \$445.08 |
|       | P.O. Box 2020<br>Aurora, IL 60507   | When was the debt incurred?                                   |   |          |
|       | Number Street City State Zlp Code   | As of the date you file, the claim                            | s: Check all that apply                     |          |
|       | Who incurred the debt? Check one.   | Contingent  |   |          |
|       | Debtor 1 only   | Contingent  |   |          |
|       | Debtor 2 only   | □ Unliquidated  |   |          |
|       | Debtor 1 and Debtor 2 only  | ☐Disputed  Type of NONPRIORITY unsecure                       | 1 claim:                                    |          |
|       | At least one of the debtors and another                                     | Student loans   | a viaini.                                   |          |
|       | Check if this claim is for a community debt                                 |   | ation agreement or divorce that you did not |          |
|       | Is the claim subject to offset?   | report as priority claims                                     | ation agreement or divorce that you did not |          |
|       | No  | Debts to pension or profit-sharing                            | plans, and other similar debts              |          |
|       | ∐Yes  | Other. Specify Past Due                                       |   |          |
|       |   | — - ···-·· ··· ,  |   |          |

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| Debto | Alan D Adams  | Case number (if know)   |          |
|-------|---|---|----------|
| 4.23  | Ntl Acct Srv  | Last 4 digits of account number 9104  | \$267.00 |
|       | Nonpriority Creditor's Name<br>1246 University Av<br>Saint Paul, MN 55104   | When was the debt incurred?   |          |
|       | Number Street City State Zlp Code  Who incurred the debt? Check one.        | As of the date you file, the claim is: Check all that apply   |          |
|       | _   | Contingent  |          |
|       | Debtor 1 only   | □Jnliquidated   |          |
|       | Debtor 2 only   | Disputed  |          |
|       | Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecured claim:  |          |
|       | At least one of the debtors and another                                     | ☐Student loans  |          |
|       | Check if this claim is for a community debt ls the claim subject to offset? | Dbligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
|       | No  | Debts to pension or profit-sharing plans, and other similar debts                                       |          |
|       | □Yes  | Other. Specify Fifth Third Bank   |          |
|       | Receivables Performanc (Original  |   |          |
| 4.24  | Credito   | Last 4 digits of account number 4328  | \$1.00   |
|       | Nonpriority Creditor's Name<br>20816 44th Ave W                             | When was the debt incurred? Opened 6/25/12  |          |
|       | Lynnwood, WA 98036  | Opened 0/25/12  |          |
|       | Number Street City State Zlp Code   | As of the date you file, the claim is: Check all that apply   |          |
|       | Who incurred the debt? Check one.   | Contingent  |          |
|       | Debtor 1 only   | □ Jnliquidated  |          |
|       | Debtor 2 only   |   |          |
|       | Debtor 1 and Debtor 2 only  | ☐ Disputed  Type of NONPRIORITY unsecured claim:  |          |
|       | ☐At least one of the debtors and another                                    | Student loans   |          |
|       | Check if this claim is for a community debt Is the claim subject to offset? | Dbligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
|       | -<br>■No  | Debts to pension or profit-sharing plans, and other similar debts                                       |          |
|       | ∐Yes  | Other. Specify Collection Columbia House  |          |
| 4.25  | RH Donnelley Publishing   | Last 4 digits of account number   | \$1.00   |
|       | Nonpriority Creditor's Name<br>8501 West 137th Street                       | When was the debt incurred?   |          |
|       | Overland Park, KS 66223  Number Street City State Zlp Code                  | As of the date you file, the claim is: Check all that apply   |          |
|       | Who incurred the debt? Check one.   | Contingent  |          |
|       | Debtor 1 only   | □Jnliquidated   |          |
|       | Debtor 2 only   | Disputed  |          |
|       | Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecured claim:  |          |
|       | ☐At least one of the debtors and another                                    | ☐Student loans  |          |
|       | Check if this claim is for a community debt ls the claim subject to offset? | Dbligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
|       | ■No   | Debts to pension or profit-sharing plans, and other similar debts                                       |          |
|       | □Yes  | ■Other Specify Due  |          |

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| Debtor 1  | Alan D Adams                                 | Document  | – raye z<br>–   | Case number (if know)   |                            |  |  |  |  |
|---|--|---|---|---|----------------------------|--|--|--|--|
|   | Torres Crdit Nonpriority Creditor's Name     | Last 4 digits of ac   | count number  | 7894  | \$1,934.00                 |  |  |  |  |
|   | Tos Inc.                                     | When was the del  | ot incurred?  |   |                            |  |  |  |  |
| Po Box 189  |  |   |   |   | =                          |  |  |  |  |
|   | Carlisle, PA 17013                           |   |   |   |                            |  |  |  |  |
| ī   | Number Street City State Zlp Code            | As of the date you  | ı file, the claim   | is: Check all that apply  |                            |  |  |  |  |
| Who incurred the debt? Check one.   |  | <b>—</b>  |   |   |                            |  |  |  |  |
|   | Debtor 1 only                                | ☐Contingent☐Unliquidated                                    |   |   |                            |  |  |  |  |
| ļ   | Debtor 2 only                                | Disputed  |   |   |                            |  |  |  |  |
|   | Debtor 1 and Debtor 2 only                   |   | Type of NONPRIORITY unsecured claim:  |   |                            |  |  |  |  |
|   | At least one of the debtors and another      | ☐Student loans  |   |   |                            |  |  |  |  |
| Check if this claim is for a community debt Is the claim subject to offset? |  | pbilgations and   | Dbligations arising out of a separation agreement or divorce that you did not report as priority claims |   |                            |  |  |  |  |
|   | No   | Debts to pension  | Debts to pension or profit-sharing plans, and other similar debts                                       |   |                            |  |  |  |  |
| I   | <b>□</b> Yes                                 | Other. Specify  | 10 Commo  | onwealth Edison Co  | -                          |  |  |  |  |
| Part 3:   | List Others to Be Notified About a De        | ebt That You Already  | Listed  |   |                            |  |  |  |  |
| trying to<br>more th  | o collect from you for a debt you owe to som | eone else, list the original<br>listed in Parts 1 or 2, lis | al creditor in P  | ou already listed in Parts 1 or 2. For example<br>arts 1 or 2, then list the collection agency her<br>creditors here. If you do not have additional | re. Similarly, if you have |  |  |  |  |
| Name and  | d Address                                    | On which entry in Part 1                                    | or Part 2 did yo  | u list the original creditor?   |                            |  |  |  |  |
|   |  | Line 4.1 of (Check one)                                     | :   | Part 1: Creditors with Priority Unsecured Claim   | ns                         |  |  |  |  |
|   | ASHINGTON 1221                               |   |   | Part 2: Creditors with Nonpriority Unsecured C  | Claims                     |  |  |  |  |
| Chicago   | o, IL 60602                                  |   |   | . , , , , , , , , , , , , , , , , , , ,   |                            |  |  |  |  |
|   |  | Last 4 digits of account r                                  | umber   |   |                            |  |  |  |  |

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | Total claim |           |
|--------------|-----|---|-----|-------------|-----------|
|              | 6a. | Domestic support obligations  | 6a. | \$          | 3,081.31  |
| Total claims |     |   |     |             | _         |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$          | 2,600.00  |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$          | 0.00      |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$          | 0.00      |
|              | 6e. | <b>Total.</b> Add lines 6a through 6d.  | 6e. | \$          | 5,681.31  |
|              |     |   |     | Total Claim | ·         |
|              | 6f. | Student loans   | 6f. | \$          | 0.00      |
| Total claims |     |   |     |             |           |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$          | 0.00      |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$          | 0.00      |
|              | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here.                              | 6i. | \$          | 20,261.92 |
|              | 6j. | Total. Add lines 6f through 6i.   | 6j. | \$          | 20,261.92 |

|                     |                          |                   | III I AUG ZU UI JJ |
|---------------------|--------------------------|-------------------|--------------------|
| Fill in this infor  | mation to identify your  | case:             |                    |
| Debtor 1            | Alan D Adams             |                   |                    |
|                     | First Name               | Middle Name       | Last Name          |
| Debtor 2            |                          |                   |                    |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name          |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS        |
| Case number         |                          |                   |                    |
| ,                   |                          |                   |                    |

### Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ■No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company wit | h whom you have the coer, Street, City, State and ZIP Coo | ontract or lease | State what the contract or lease is for |
|-----|-----------|-------------|---|------------------|---|
| 2.1 |           |             |   |                  |   |
|     | Name      |             |   |                  |   |
|     | Number    | Street      |   |                  | _                                       |
|     | City      |             | State   | ZIP Code         |   |
| 2.2 |           |             |   |                  |   |
|     | Name      |             |   |                  |   |
|     | Number    | Street      |   |                  | _                                       |
|     | City      |             | State   | ZIP Code         | <del>_</del>                            |
| 2.3 | Oity      |             | Otato   | Zii Couc         |   |
|     | Name      |             |   |                  |   |
|     | Number    | Street      |   |                  | _                                       |
|     | City      |             | State   | ZIP Code         | <del>-</del>                            |
| 2.4 |           |             |   |                  |   |
|     | Name      |             |   |                  | _                                       |
|     | Number    | Street      |   |                  | _                                       |
|     | City      |             | State   | ZIP Code         | <del>_</del>                            |
| 2.5 |           | ·           | ·   |                  |   |
|     | Name      |             |   |                  |   |
|     | Number    | Street      |   |                  |   |
|     | City      |             | State   | ZIP Code         | <del>_</del>                            |
|     | ,         |             | 0.0.0   | 0000             |   |

|                             | 0430 10 00040  | Docume  | nt Page 29 c                                   | of 59   |            |
|-----------------------------|--|---|--|---|------------|
| Fill in this                | s information to identify your                                     |   |  |   |            |
| Debtor 1                    | Alan D Adams   |   |  |   |            |
|                             | First Name   | Middle Name   | Last Name                                      |   |            |
| Debtor 2<br>(Spouse if, fil | ling) First Name   | Middle Name   | Last Name                                      |   |            |
| United Sta                  | ates Bankruptcy Court for the:                                     | NORTHERN DISTRICT                                     | OF ILLINOIS                                    |   |            |
| Case num<br>(if known)      | nber   |   |  | ☐ Check if this is amended filing   |            |
| Sched                       | al Form 106H  dule H: Your Cod                                     |   | uts vou may have Re a                          | as complete and accurate as possible. If two ma   | 12/15      |
| people are                  | e filing together, both are equ                                    | ally responsible for supper boxes on the left. Attach | olying correct informanthe the Additional Page | tion. If more space is needed, copy the Addition to this page. On the top of any Additional Page  | nal Page,  |
| 1. Do                       | you have any codebtors? (If  | you are filing a joint case,                          | do not list either spouse                      | e as a codebtor.  |            |
| ■No<br>□Yes                 |  |   |  |   |            |
|                             | thin the last 8 years, have yo<br>na, California, Idaho, Louisiana |   |  | rry? (Community property states and territories incl<br>nington, and Wisconsin.)  | lude       |
|                             | Go to line 3.  Did your spouse, former spou                        | se, or legal equivalent live                          | with you at the time?                          |   |            |
| in line<br>Form             | e 2 again as a codebtor only                                       | if that person is a guaran                            | tor or cosigner. Make                          | or if your spouse is filing with you. List the persective sure you have listed the creditor on Schedule 06G). Use Schedule D, Schedule E/F, or Schedule | D (Officia |
|                             | Column 1: Your codebtor<br>Name, Number, Street, City, State and Z | IP Code   |  | Column 2: The creditor to whom you owe to Check all schedules that apply:   | he debt    |
| 3.1                         | Name   |   |  | Schedule D, line Schedule E/F, line Schedule G, line  |            |
|                             | Number Street<br>City  | State   | ZIP Code                                       | _   |            |
| 3.2                         | Name   |   |  | Schedule D, line<br>□Schedule E/F, line<br>□Schedule G, line  |            |
|                             | Number Street  | State   | ZIP Code                                       |   |            |

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| Fill               | in this information to identify your ca  | ase:  |                               |                           |              |                            |                     |                           |                            |                   |
|--------------------|--|---|-------------------------------|---------------------------|--------------|----------------------------|---------------------|---------------------------|----------------------------|-------------------|
| Del                | btor 1 Alan D Adam   | IS  |                               |                           | _            |                            |                     |                           |                            |                   |
|                    | btor 2   |   |                               |                           | _            |                            |                     |                           |                            |                   |
| Uni                | ited States Bankruptcy Court for the   | : NORTHERN DISTRIC                                | T OF ILLINOIS                 |                           |              |                            |                     |                           |                            |                   |
|                    | se number  |   |                               |                           |              | ☐ An a                     |                     | d filing<br>ent showing   | postpetition               |                   |
| O                  | fficial Form 106I  |   |                               |                           |              |                            | I / DD/ Y           |                           | lowing date.               |                   |
|                    | chedule I: Your Inc  | ome   |                               |                           |              | IVIIVI                     | 1 / UU/ Y           | YYY                       |                            | 12/15             |
| sup<br>spo<br>atta | as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.  The describe Employment | are married and not fili r spouse is not filing w | ng jointly, and yo            | our spouse<br>iclude info | is li<br>mat | ving with y<br>ion about y | ou, incl<br>our spo | ude inform<br>ouse. If mo | nation abou<br>re space is | t your<br>needed, |
| 1.                 | Fill in your employment information.   |   | Debtor 1                      |                           |              | D                          | Debtor 2            | or non-fili               | ng spouse                  |                   |
|                    | If you have more than one job,   | Employment status                                 | Employed                      |                           |              |                            | <b>_</b> Employ     | /ed                       |                            |                   |
|                    | attach a separate page with information about additional   | Employment status                                 | □Not employed                 |                           |              |                            | ☐Not employed       |                           |                            |                   |
|                    | employers.   | Occupation  | Driver                        |                           |              |                            |                     |                           |                            |                   |
|                    | Include part-time, seasonal, or self-employed work.  | Employer's name                                   | Uber                          |                           |              |                            |                     |                           |                            |                   |
|                    | Occupation may include student or homemaker, if it applies.  | Employer's address                                | 300 N ELIZAE<br>Chicago, IL 6 | _                         |              |                            |                     |                           |                            |                   |
|                    |  | How long employed t                               | here? 6 mc                    | onths                     |              |                            |                     |                           |                            |                   |
| Pa                 | rt 2: Give Details About Mor   | nthly Income                                      |                               |                           |              |                            |                     |                           |                            |                   |
| spo                | imate monthly income as of the duse unless you are separated.  | •   | , .                           | ·                         |              | ·                          |                     |                           | •                          | J                 |
|                    | ou or your non-filing spouse have mo<br>e space, attach a separate sheet to  |   | ombine the inform             | ation for all             | emp          | loyers for th              | nat perso           | on on the lin             | nes below. If              | you need          |
|                    |  |   |                               |                           |              | For Debto                  | or 1                | For Debt                  | tor 2 or<br>g spouse       |                   |
| 2.                 | List monthly gross wages, sala deductions). If not paid monthly,   |   |                               | 2.                        | \$           | 2,00                       | 00.00               | \$                        | N/A                        |                   |
| 3.                 | Estimate and list monthly overt  | ime pay.  |                               | 3.                        | +\$          |                            | 0.00                | +\$                       | N/A                        |                   |

2,000.00

N/A

Calculate gross Income. Add line 2 + line 3.

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| Deb | otor 1                | Alan D Adams   |                   | C      | ase n    | umber (if known)                        |             |             |                  |                 |
|-----|-----------------------|--|-------------------|--------|----------|---|-------------|-------------|------------------|-----------------|
|     |                       |  |                   | 1      | For [    | Debtor 1                                |             | Debtor 2    |                  |                 |
|     | Cop                   | by line 4 here   | 4.                | ;      | \$       | 2,000.00                                | \$          | -illing sp  | N/A              |                 |
| 5.  | List                  | all payroll deductions:  |                   |        |          |   |             |             |                  |                 |
| -   | 5a.                   | Tax, Medicare, and Social Security deductions  | 5a.               | . :    | \$       | 0.00                                    | \$          |             | N/A              |                 |
|     | 5b.                   | Mandatory contributions for retirement plans   | 5b.               |        | \$       | 0.00                                    | \$_         |             | N/A              | -               |
|     | 5c.                   | Voluntary contributions for retirement plans   | 5c.               |        | \$       | 0.00                                    | \$_         |             | N/A              | _               |
|     | 5d.                   | Required repayments of retirement fund loans   | 5d.               |        | \$       | 0.00                                    | \$_         |             | N/A              | -               |
|     | 5e.                   | Insurance  | 5e.               |        | \$       | 0.00                                    | \$_         |             | N/A              | _               |
|     | 5f.                   | Domestic support obligations   | 5f.               |        | \$       | 0.00                                    | \$_         |             | N/A              |                 |
|     | 5g.                   | Union dues   | 5g.               |        | \$       | 0.00                                    | <u>\$</u> — |             | N/A              | -               |
|     | 5h.                   | Other deductions. Specify:   | 5h.               |        | \$       | 0.00                                    |             |             | N/A              | _               |
| 6.  |                       | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.                | ٠. ٠   | · —      | 0.00                                    | · •         |             | N/A              | -               |
|     |                       |  | 7.                | 4      | <u> </u> |   | Φ_<br>\$    |             |                  | -               |
| 7.  |                       | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.                | 9      | · —      | 2,000.00                                | Φ_          |             | N/A              | -               |
| 8.  | List<br>8a.           | All other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total                            |                   |        |          |   |             |             |                  |                 |
|     |                       | monthly net income.  | 8a.               |        | \$       | 0.00                                    | \$_         |             | N/A              | _               |
|     | 8b.                   | Interest and dividends   | 8b.               | . ;    | \$       | 0.00                                    | \$          |             | N/A              | _               |
|     | 8c.                   | Family support payments that you, a non-filing spouse, or a depende regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 8c.               |        | \$       | 0.00                                    | \$_         |             | N/A              | _               |
|     | 8d.                   | Unemployment compensation  | 8d.               |        | ·        | 0.00                                    | \$_         |             | N/A              | -               |
|     | 8e.<br>8f.            | Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: | 8e.<br>nce<br>8f. |        | \$<br>\$ | 0.00                                    | \$_<br>\$   |             | N/A<br>N/A       | -               |
|     | 8g.                   | Pension or retirement income   | 8g.               | . ;    | \$       | 0.00                                    | \$          |             | N/A              |                 |
|     | 8h.                   | Other monthly income. Specify:   | 8h.               |        | \$       | 0.00                                    | + \$        |             | N/A              | _               |
| 9.  | Add                   | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.                | \$     |          | 0.00                                    | \$_         |             | N/A              | A               |
| 10. | Cal                   | culate monthly income. Add line 7 + line 9.  | 10.               | <br>\$ | 2        | ,000.00 + \$                            |             | N/A =       | = \$             | 2,000.00        |
|     |                       | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   |                   | · —    |          | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |             |             | -                | _,000.00        |
| 11. | Incli<br>othe<br>Do i | te all other regular contributions to the expenses that you list in Schedulade contributions from an unmarried partner, members of your household, your friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are necify:                      | our depe          |        |          | •                                       | •           |             |                  | 0.00            |
| 12. |                       | I the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Certiles  |                   |        |          |   |             | 12.         | \$               | 2,000.00        |
|     |                       |  |                   |        |          |   |             |             | Combii<br>monthl | ned<br>y income |
| 13. | Do :                  | you expect an increase or decrease within the year after you file this for No.   |                   |        |          |   |             |             |                  |                 |
|     |                       | Yes. Explain: Debtor is busier in the summer months and slow in  | n the w           | vinte  | er. T    | he amount lis                           | ted on      | ı I is an a | averag           | e.              |

Official Form 106I Schedule I: Your Income page 2

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| Fill | in this informa                       | tion to identify yo                                 | our case:  |  |                      |              |                                  |   |
|------|---------------------------------------|---|------------|--|----------------------|--------------|----------------------------------|---|
| Deb  | otor 1                                | Alan D Adam   | ıs         |  |                      | Che          | ck if this is: An amended filing |   |
|      | otor 2<br>ouse, if filing)            |   |            |  |                      |              |                                  | wing postpetition chapter f the following date: |
| Unit | ted States Bankro                     | uptcy Court for the:                                | NORTH      | HERN DISTRICT OF ILLIN   | OIS                  |              | MM / DD / YYYY                   |   |
| 1    | se number<br>nown)                    |   |            |  |                      |              |                                  |   |
| 0    | fficial Fo                            | rm 106J   |            |  |                      |              |                                  |   |
| S    | chedule                               | J: Your   | Exper      | nses   |                      |              |                                  | 12/1  |
| info | ormation. If m                        |   | eded, atta | e. If two married people a<br>ach another sheet to this<br>on. |                      |              |                                  |   |
| Par  |                                       | ibe Your House                                      | ehold      |  |                      |              |                                  |   |
| 1.   | Is this a join  ■No. Go to  ■Yes Does | line 2.   | n a senara | ate household?   |                      |              |                                  |   |
|      | _<br>□No                              |   | •          | al Form 106J-2, <i>Expense</i> s                               | for Separate House   | ehold of Deb | otor 2.                          |   |
| 2.   | Do you have                           | e dependents?                                       | ■No        |  |                      |              |                                  |   |
|      | Do not list Do and Debtor 2           |   | □Yes.      | Fill out this information for each dependent                   | Dependent's relati   |              | Dependent's age                  | Does dependent live with you?                   |
|      | Do not state dependents               |   |            |  |                      |              |                                  | □No<br>□Yes                                     |
|      |                                       |   |            |  |                      |              |                                  | _No   |
|      |                                       |   |            |  |                      |              | _                                | Yes<br>No                                       |
|      |                                       |   |            |  |                      |              |                                  | _Yes  |
|      |                                       |   |            |  |                      |              |                                  | ⊡No<br>⊡Yes                                     |
| 3.   | expenses of                           | enses include<br>f people other t<br>d your depende | han _      | No<br>Yes  |                      |              |                                  |   |
| Par  | rt 2: Estima                          | ate Your Ongoi                                      | ng Month   | ly Expenses  |                      |              |                                  |   |
| exp  | timate your ex                        | penses as of yo                                     | our bankr  | uptcy filing date unless yey is filed. If this is a sup        |                      |              |                                  |   |
|      | •                                     | •   |            | government assistance cluded it on Schedule I:                 | •                    |              |                                  |   |
|      | ficial Form 10                        |   | u nave m   | cidded it on <i>Schedule i.</i>                                | rour income          |              | Your exp                         | penses  |
| 4.   |                                       | r home owners<br>and any rent for th                |            | nses for your residence. or lot.                               | nclude first mortgag | je<br>4.     | \$                               | 750.00  |
|      | If not includ                         | led in line 4:                                      |            |  |                      |              |                                  |   |
|      | 4a. Real e                            | state taxes   |            |  |                      | 4a.          | \$                               | 0.00  |
|      | •                                     | rty, homeowner's                                    |            |  |                      | 4b.          | ·                                | 0.00  |
|      |                                       | maintenance, re<br>owner's associat                 |            | upkeep expenses<br>Idominium dues                              |                      | 4c.<br>4d.   | ·                                | 0.00  |
| 5.   |                                       |   |            | our residence, such as ho                                      | me equity loans      | 5.           |                                  | 0.00  |

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| Debtor 1            | Alan D Adams  | Case numb     | ber (if known) |                              |
|---------------------|---|---------------|----------------|------------------------------|
| . Utilitie          | aç.   |               |                |                              |
|                     | Electricity, heat, natural gas  | 6a.           | \$             | 0.00                         |
|                     | Water, sewer, garbage collection  | 6b.           | \$             | 0.00                         |
|                     | Telephone, cell phone, Internet, satellite, and cable services  | 6c.           | \$             | 45.00                        |
| 6d.                 | Other. Specify:   | 6d.           | \$             | 0.00                         |
|                     | and housekeeping supplies   | 7.            | \$             | 150.00                       |
|                     | care and children's education costs   | 8.            | \$             | 0.00                         |
| Clothi              | ng, laundry, and dry cleaning   | 9.            | \$             | 10.00                        |
|                     | nal care products and services  | 10.           | ·              | 10.00                        |
|                     | al and dental expenses  | 11.           | :              | 20.00                        |
|                     | portation. Include gas, maintenance, bus or train fare.   |               |                |                              |
|                     | t include car payments.   | 12.           | \$             | 425.00                       |
|                     | ainment, clubs, recreation, newspapers, magazines, and books  | 13.           | \$             | 0.00                         |
|                     | able contributions and religious donations  | 14.           |                | 0.00                         |
| 5. <b>Insura</b>    | <u> </u>  |               | ·              |                              |
|                     | t include insurance deducted from your pay or included in lines 4 or 20.  |               |                |                              |
|                     | Life insurance  | 15a.          | \$             | 0.00                         |
| 15b.                | Health insurance  | 15b.          | \$             | 0.00                         |
| 15c.                | Vehicle insurance   | 15c.          | \$             | 100.00                       |
| 15d.                | Other insurance. Specify:   | 15d.          | \$             | 0.00                         |
|                     | Do not include taxes deducted from your pay or included in lines 4 or 20.   |               | ,              |                              |
| Specif              |   | 16.           | \$             | 0.00                         |
| 7. Install          | ment or lease payments:   |               |                |                              |
|                     | Car payments for Vehicle 1  | 17a.          | \$             | 0.00                         |
|                     | Car payments for Vehicle 2  | 17b.          | \$             | 0.00                         |
|                     | Other Specify   | 17c.          | \$             | 0.00                         |
|                     | Other. Specify:   | 17d.          | ·              | 0.00                         |
|                     | payments of alimony, maintenance, and support that you did not report   |               | <b>—</b>       |                              |
|                     | ted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106  |               | \$             | 240.00                       |
|                     | payments you make to support others who do not live with you.   | -,-           | \$             | 0.00                         |
| Specif              |   | 19.           |                |                              |
|                     | real property expenses not included in lines 4 or 5 of this form or on So   | chedule I: Yo | our Income.    |                              |
|                     | Mortgages on other property   | 20a.          |                | 0.00                         |
| 20b.                | Real estate taxes   | 20b.          | \$             | 0.00                         |
| 20c.                | Property, homeowner's, or renter's insurance  | 20c.          | \$             | 0.00                         |
|                     | Maintenance, repair, and upkeep expenses  | 20d.          | \$             | 0.00                         |
|                     | Homeowner's association or condominium dues   | 20e.          |                | 0.00                         |
|                     | : Specify: Personal Grooming  | 21.           | ·              | 100.00                       |
| . Outlot            | r ersonal Grooming  |               | Γ              | 100.00                       |
| 2. Calcul           | late your monthly expenses  |               |                |                              |
| 22a. A              | dd lines 4 through 21.  |               | \$             | 1,850.00                     |
| 22b. C              | copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-  | 2             | \$             |                              |
| 22c. A              | dd line 22a and 22b. The result is your monthly expenses.   |               | \$             | 1,850.00                     |
|                     |   |               | <u> </u>       | .,,,,,,,,,                   |
|                     | late your monthly net income.   |               | _              |                              |
|                     | Copy line 12 (your combined monthly income) from Schedule I.  | 23a.          | ·              | 2,000.00                     |
| 23b.                | Copy your monthly expenses from line 22c above.   | 23b.          | -\$            | 1,850.00                     |
|                     |   |               |                |                              |
|                     | Subtract your monthly expenses from your monthly income.  | 220           | \$             | 150.00                       |
|                     | The result is your monthly net income.  | 23c.          | Ψ              | 130.00                       |
| For exa<br>modifica | u expect an increase or decrease in your expenses within the year after imple, do you expect to finish paying for your car loan within the year or do you expect you ation to the terms of your mortgage? |               |                | ase or decrease because of a |
| ■No.                |   |               |                |                              |
| □Yes.               | Explain here:   |               |                |                              |
|                     |   |               |                |                              |

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| Fill in this infor              | mation to identify you  | r case:                                     |                                     |                                  |             |  |
|---------------------------------|---|---|-------------------------------------|----------------------------------|-------------|--|
| Debtor 1                        | Alan D Adams  |   |                                     |                                  |             |  |
|                                 | First Name  | Middle Name                                 | Last Name                           |                                  |             |  |
| Debtor 2<br>(Spouse if, filing) | First Name  | Middle Name                                 | Last Name                           |                                  |             |  |
| United States Ba                | ankruptcy Court for the:  | NORTHERN DISTRICT                           | OF ILLINOIS                         |                                  |             |  |
| Case number<br>(if known)       |   |   |                                     | ☐ Check if this amended fili     |             |  |
| Official Forr                   |   |   |                                     |                                  |             |  |
| Declarat                        | tion About a  | an Individual                               | <b>Debtor's Schedu</b>              | les                              | 12/15       |  |
| years, or both. 1               | y or property by fraud<br>8 U.S.C. §§ 152, 1341,<br>n Below   | in connection with a ban<br>1519, and 3571. | kruptcy case can result in fines u  | to \$250,000, or imprisonment to | or up to 20 |  |
| Did you pa                      | y or agree to pay som   | eone who is NOT an atto                     | rney to help you fill out bankruptc | y forms?                         |             |  |
| ■ No                            |   |   |                                     |                                  |             |  |
| ☐ Yes. 1                        | Yes. Name of person . Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |   |                                     |                                  |             |  |
|                                 | alty of perjury, I declare<br>e true and correct.   | e that I have read the sun                  | nmary and schedules filed with thi  | s declaration and                |             |  |
| X /s/ Alar                      | n D Adams   |   | X                                   |                                  |             |  |
| =                               | Adams<br>re of Debtor 1   |   | Signature of Debtor 2               |                                  |             |  |

Date

Date January 12, 2016

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| Fil   | I in this inforn            | nation to identify you   | r case:                                    |  |   |   |  |  |  |  |
|---|-----------------------------|--|--|--|---|---|--|--|--|--|
| De  | ebtor 1                     | Alan D Adams   |  |  |   |   |  |  |  |  |
| D-  | htor O                      | First Name   | Middle Name                                | Last Name  |   |   |  |  |  |  |
|   | ebtor 2<br>ouse if, filing) | First Name   | Middle Name                                | Last Name  |   |   |  |  |  |  |
| United States Bankruptcy Court for the                      |                             |  | NORTHERN DISTRICT                          | OF ILLINOIS  |   |   |  |  |  |  |
| Ca  | se number                   |  |  |  |   |   |  |  |  |  |
|   | known)                      |  |  |  | _   | Check if this is an                                   |  |  |  |  |
|   |                             |  |  |  |   | mended filing   |  |  |  |  |
| $\bigcirc$  | fficial Ea                  | rm 107   |  |  |   |   |  |  |  |  |
|   | fficial Fo                  |  | Affaire for Individ                        | luale Eilina for B   | ankruptov   | 40/41   |  |  |  |  |
|   |                             |  |  | duals Filing for B   |   | 12/15   |  |  |  |  |
|   |                             |  |  |  | e equally responsible for su<br>ny additional pages, write yo |   |  |  |  |  |
| nur   | mber (if knowi              | n). Answer every ques  | stion.                                     | -  |   |   |  |  |  |  |
| Pa  | rt 1: Give D                | Details About Your Ma  | rital Status and Where You                 | u Lived Before   |   |   |  |  |  |  |
| 1.  | What is you                 | r current marital statu  | ıs?  |  |   |   |  |  |  |  |
|   | ☐ Married                   | 7 Married  |  |  |   |   |  |  |  |  |
|   | ■ Not mar                   | Not married  |  |  |   |   |  |  |  |  |
| 2.  | During the la               | uring the last 3 years, have you lived anywhere other than where you live now?   |  |  |   |   |  |  |  |  |
|   |                             | _  |  |  |   |   |  |  |  |  |
|   |                             | <ul><li>■ No</li><li>□ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.</li></ul> |  |  |   |   |  |  |  |  |
|   | Debtor 1 Pr                 | ior Address:   | Dates Debtor 1                             |  |   | Dates Debtor 2  |  |  |  |  |
|   |                             |  | lived there                                |  |   | lived there   |  |  |  |  |
| 3.  |                             |  |  |  | nity property state or territo                                |   |  |  |  |  |
| sta   | tes and territori           | <i>ie</i> s include Arizona, Ca  | lifornia, Idaho, Louisiana, Ne             | evada, New Mexico, Puerto R  | tico, Texas, Washington and N                                 | Visconsin.)   |  |  |  |  |
|   | ■ No                        |  |  |  |   |   |  |  |  |  |
|   | ☐ Yes. Ma                   | ake sure you fill out <i>Scl</i>   | hedule H: Your Codebtors (C                | fficial Form 106H).  |   |   |  |  |  |  |
| Pa  | rt 2 Explai                 | n the Sources of You   | r Income                                   |  |   |   |  |  |  |  |
| _   |                             |  |  |  |   |   |  |  |  |  |
| 4.  | Fill in the tota            | al amount of income yo   | u received from all jobs and               | ng a business during this y<br>all businesses, including par<br>ve together, list it only once u |   | endar years?  |  |  |  |  |
|   | □ No                        |  |  |  |   |   |  |  |  |  |
|   | =                           | l in the details.  |  |  |   |   |  |  |  |  |
|   |                             | in the detaile.  |  |  |   |   |  |  |  |  |
|   |                             |  | Debtor 1                                   | Out to the same  | Debtor 2  | One are large sure                                    |  |  |  |  |
|   |                             |  | Sources of income<br>Check all that apply. | Gross income<br>(before deductions and<br>exclusions)  | Sources of income<br>Check all that apply.                    | Gross income<br>(before deductions<br>and exclusions) |  |  |  |  |
| For last calendar year:<br>(January 1 to December 31, 2015) |                             |  | ■Wages, commissions, bonuses, tips         | \$10,000.00  | ☐Wages, commissions, bonuses, tips                            |   |  |  |  |  |
|   |                             |  | □Operating a business                      |  | ☐Operating a business   |   |  |  |  |  |

Official Form 107

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|  |  |   |   | Debtor 1                                       |   |                                  | Debtor 2                                |  |                                 |   |  |
|--|--|---|---|--|---|----------------------------------|---|--|---------------------------------|---|--|
|  |  |   |   |  | of income<br>that apply.                                | (befo                            | s income<br>re deductions and<br>sions) | Sources of ir<br>Check all that                                  |                                 | Gross income<br>(before deductions<br>and exclusions)     |  |
|  |  | ■Wages bonuses,                             | s, commissions, \$5,000.00 s, tips                  |  | □Wages, commissions, bonuses, tips                      |                                  |   |  |                                 |   |  |
|  | □Ор  |   | □Operati  | rating a business                              |   |                                  | ☐Operating a                            | □Operating a business  |                                 |   |  |
| 5.   | Include inc<br>unemploy<br>gambling  | come regard<br>ment, and o<br>and lottery v | dless of wheth<br>ther public be<br>vinnings. If yo | her that inco<br>enefit payme<br>ou are filing | ome is taxable. Exents; pensions; re a joint case and y | camples<br>intal inco<br>ou have | me; interest; divide income that you re | e alimony; child su<br>ends; money collec<br>eceived together, I | eted from law<br>st it only onc | Security,<br>vsuits; royalties; and<br>se under Debtor 1. |  |
|  | List each source and the gross income from each source separately. Do not include income that you listed in line 4.  |   |   |  |   |                                  |   |  |                                 |   |  |
|  | ■ No □ Yes.  | Fill in the de                              | etails.   |  |   |                                  |   |  |                                 |   |  |
|  |  |   |   | Debtor 1<br>Sources of<br>Describe l           | of income<br>below                                      | (befo                            | s income<br>re deductions and<br>sions) | Debtor 2<br>Sources of ir<br>Describe belo                       |                                 | Gross income<br>(before deductions<br>and exclusions)     |  |
| Pa   | rt 3: List   | Certain Pa                                  | vments You  | Made Befo                                      | ore You Filed for                                       | Bankru                           | ntcv                                    |  |                                 |   |  |
| 6.   | Are either Debtor 1's or Debtor 2's debts    No. Neither Debtor 1 nor Debtor 2 h individual primarily for a personal  During the 90 days before you file  No. Go to line 7.  |   |   |  | s primarily cons<br>amily, or househo                   | umer de<br>old purpo             | e <b>bts.</b> Consumer de<br>se."       |  |                                 | 101(8) as "incurred by an                                 |  |
| ☐ Yes List below each creditor to whom you paid a total of \$6,225* or me paid that creditor. Do not include payments for domestic support on not include payments to an attorney for this bankruptcy case.  * Subject to adjustment on 4/01/16 and every 3 years after that for cases filed |  |   |   |  |   |                                  | omestic support of<br>truptcy case.     | oligations, such as child support and alimony. Alsó, do          |                                 |   |  |
|  | Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.  During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?   |   |   |  |   |                                  |   |  |                                 |   |  |
|  |  | ■ No.                                       | Go to line 7  | 7.   |   |                                  |   |  |                                 |   |  |
|  | Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.  |   |   |  |   |                                  |   |  |                                 |   |  |
|  | Creditor'  | s Name an                                   | d Address   |  | Dates of payme  | ent                              | Total amount paid                       | Amount you still owe   | Was this                        | s payment for   |  |
| 7.   | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?  Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.  No  Yes. List all payments to an insider |   |   |  |   |                                  |   |  |                                 |   |  |
|  |  | Name and                                    |   |  | Dates of payme  | ent                              | Total amount                            | Amount you   | Reason                          | for this payment  |  |
|  |  |   |   |  | 1.7   |                                  | paid                                    | still owe  |                                 | . ,   |  |

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Case number (if known) Debtor 1 Alan D Adams

| 8.  | Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.   |                            |                      |                      |                         |                             |
|-----|---|----------------------------|----------------------|----------------------|-------------------------|-----------------------------|
|     | ■ No  |                            |                      |                      |                         |                             |
|     | ☐ Yes. List all payments to an insider  |                            |                      |                      |                         |                             |
|     | Insider's Name and Address  | Dates of payment           | Total amount paid    | Amount you still owe | Reason for Include cred | this payment<br>itor's name |
| Par | t 4: Identify Legal Actions, Repossession   | s, and Foreclosures        |                      |                      |                         |                             |
| 9.  | Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. |                            |                      |                      |                         |                             |
|     | <ul><li>■ No</li><li>□ Yes. Fill in the details.</li></ul>  |                            |                      |                      |                         |                             |
|     | Case title Case number  | Nature of the case         | Court or agency      |                      | Status of th            | e case                      |
| 10. | Within 1 year before you filed for bankrupt Check all that apply and fill in the details below  |                            | erty repossessed, f  | foreclosed, garni    | shed, attached          | d, seized, or levied?       |
|     | <ul><li>No</li><li>Yes. Fill in the information below.</li></ul>  |                            |                      |                      |                         |                             |
|     | Creditor Name and Address   | Describe the Property      |                      | Date                 |                         | Value of the property       |
|     |   | Explain what happened      | d                    |                      |                         |                             |
| 11. | Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?  ■ No □ Yes. Fill in the details.  |                            |                      |                      |                         |                             |
|     | Creditor Name and Address   | Describe the action the    | creditor took        | Date<br>taker        | action was              | Amount                      |
| 12. | Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?  |                            |                      |                      |                         |                             |
|     | ■ No  |                            |                      |                      |                         |                             |
|     | Yes   |                            |                      |                      |                         |                             |
| Par | t 5: List Certain Gifts and Contributions   |                            |                      |                      |                         |                             |
| 13. | Within 2 years before you filed for bankrup  ■ No □ Yes. Fill in the details for each gift.   | tcy, did you give any gift | s with a total value | of more than \$6     | 00 per person           | ?                           |
|     | Gifts with a total value of more than \$600   | Describe the gifts         |                      | Date                 | s you gave              | Value                       |
|     | per person  | Describe the girts         |                      | the g                |                         | value                       |
|     | Person to Whom You Gave the Gift and Address:   |                            |                      |                      |                         |                             |
| 14. | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity  No  |                            |                      |                      |                         |                             |
|     | ☐ Yes. Fill in the details for each gift or cor   | tribution.                 |                      |                      |                         |                             |
|     | Gifts or contributions to charities that tot more than \$600 Charity's Name   | al Describe what you       | ı contributed        |                      | s you<br>ibuted         | Value                       |
|     | Address (Number, Street, City, State and ZIP Code)  |                            |                      |                      |                         |                             |

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| Par  | t 6: List Certain Losses   |           |   |                 |   |                        |  |
|--|--|-----------|---|-----------------|---|------------------------|--|
| 15.  | Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?  |           |   |                 |   |                        |  |
|  | ■ No   |           |   |                 |   |                        |  |
|  | Yes. Fill in the details.  |           |   |                 |   |                        |  |
|  | Describe the property you lost and   | Describ   | pe any insurance coverage for the lo  | oss             | Date of your                                  | Value of property      |  |
|  | how the loss occurred  |           | the amount that insurance has paid. L<br>ginsurance claims on line 33 of <i>Scheoly</i> . |                 | loss  | lost                   |  |
| Par  | t 7: List Certain Payments or Transfers  | 5         |   |                 |   |                        |  |
| 16.  | Within 1 year before you filed for bankru consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition p                                 | preparin  | g a bankruptcy petition?  |                 |   | rty to anyone you      |  |
|  | <ul><li>No</li><li>Yes. Fill in the details.</li></ul>   |           |   |                 |   |                        |  |
|  | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not You  |           | Description and value of any property transferred   |                 | Date payment<br>or transfer was<br>made       | Amount of payment      |  |
|  | THE SEMRAD LAW FIRM, LLC<br>20 S. Clark Street<br>28th Floor<br>Chicago, IL 60603<br>rsemrad@semradlaw.com<br>Mother, Callie Adams                           |           | Attorney Fees   |                 | 1/12/16                                       | \$400.00               |  |
| 17.  | Within 1 year before you filed for bankru promised to help you deal with your cree Do not include any payment or transfer that  No Yes. Fill in the details. | ditors or | to make payments to your creditor   |                 | r transfer any prope                          | rty to anyone who      |  |
|  | Person Who Was Paid<br>Address   |           | Description and value of any propertransferred  | erty            | Date payment or transfer was made             | Amount of payment      |  |
| <ul> <li>Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property t transferred in the ordinary course of your business or financial affairs?</li> <li>Include both outright transfers and transfers made as security (such as the granting of a security interest or m include gifts and transfers that you have already listed on this statement.</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul> |  |           | erty to anyone, othe  |                 |   |                        |  |
|  | Person Who Received Transfer<br>Address  |           | Description and value of property transferred   |                 | ny property or<br>received or debts<br>change | Date transfer was made |  |
|  | Person's relationship to you   |           |   |                 |   |                        |  |
| 19.  | Within 10 years before you filed for bank beneficiary? (These are often called asset ■ No ■ Yes. Fill in the details.  |           |   | elf-settled tru | st or similar device                          | of which you are a     |  |
|  | Name of trust  |           | Description and value of the prope  | erty transferre | ed  | Date Transfer was made |  |

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Case number (if known)

Debtor 1 Alan D Adams

| Part 8: | List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units |
|---------|--|
|         |  |

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Name of Financial Institution and Last 4 digits of Type of account or Date account was Last balance Address (Number, Street, City, State and ZIP account number instrument closed, sold, before closing or Code) moved, or transfer transferred 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Who else had access to it? Describe the contents Do you still Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, have it? State and ZIP Code) 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy No Yes. Fill in the details. Name of Storage Facility Who else has or had access Describe the contents Do you still have it? Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No Yes. Fill in the details. Value Owner's Name Where is the property? Describe the property (Number, Street, City, State and ZIP Address (Number, Street, City, State and ZIP Code) Part 10: Give Details About Environmental Information For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Environmental law, if you Date of notice Name of site Governmental unit Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code)

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Case number (if known) Document Debtor 1 Alan D Adams

| 25.          | Have you notified any governmental unit of any release of hazardous material?  |   |  |                    |  |  |  |  |
|--------------|--|---|--|--------------------|--|--|--|--|
|              | ■ No   |   |  |                    |  |  |  |  |
|              | Yes. Fill in the details.  |   |  |                    |  |  |  |  |
|              | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit Address (Number, Street, City, State and ZIP Code)    | Environmental law, if you know it                      | Date of notice     |  |  |  |  |
| 26.          | Have you been a party in any judicial or ad  | ministrative proceeding under any envi                                  | ironmental law? Include settlements                    | and orders.        |  |  |  |  |
|              | ■ No □ Yes. Fill in the details.   |   |  |                    |  |  |  |  |
|              | Case Title<br>Case Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case                                     | Status of the case |  |  |  |  |
| Par          | 11: Give Details About Your Business or  | Connections to Any Business   |  |                    |  |  |  |  |
| 27.          | Within 4 years before you filed for bankrup  | tcy, did you own a business or have an                                  | ny of the following connections to an                  | y business?        |  |  |  |  |
|              | ☐A sole proprietor or self-employed in   | n a trade, profession, or other activity, e                             | either full-time or part-time                          |                    |  |  |  |  |
|              | ☐A member of a limited liability comp  | any (LLC) or limited liability partnershi                               | p (LLP)  |                    |  |  |  |  |
|              | ☐A partner in a partnership  |   |  |                    |  |  |  |  |
|              | ☐An officer, director, or managing ex  | ecutive of a corporation  |  |                    |  |  |  |  |
|              | □An owner of at least 5% of the voting or equity securities of a corporation   |   |  |                    |  |  |  |  |
|              | ■ No. None of the above applies. Go to Part 12.  |   |  |                    |  |  |  |  |
|              | ☐ Yes. Check all that apply above and fill in the details below for each business.   |   |  |                    |  |  |  |  |
|              | Business Name  | Describe the nature of the business                                     | Employer Identification number                         |                    |  |  |  |  |
|              | Address<br>(Number, Street, City, State and ZIP Code)  | Name of accountant or bookkeeper  | Do not include Social Security  Dates business existed | number or ITIN.    |  |  |  |  |
| 28.          | Within 2 years before you filed for bankrup institutions, creditors, or other parties.   | tcy, did you give a financial statement                                 | to anyone about your business? Incl                    | ude all financial  |  |  |  |  |
|              | ■ No   |   |  |                    |  |  |  |  |
|              | Yes. Fill in the details below.  |   |  |                    |  |  |  |  |
|              | Name Address (Number, Street, City, State and ZIP Code)  | Date Issued   |  |                    |  |  |  |  |
| Par          | 12: Sign Below   |   |  |                    |  |  |  |  |
| are t        | re read the answers on this Statement of Firue and correct. I understand that making a a bankruptcy case can result in fines up to .S.C. §§ 152, 1341, 1519, and 3571. | a false statement, concealing property,                                 | or obtaining money or property by fr                   |                    |  |  |  |  |
|              | Alan D Adams   |   |  |                    |  |  |  |  |
|              | n D Adams<br>nature of Debtor 1  | Signature of Debtor 2   |  |                    |  |  |  |  |
| Dat          | January 12, 2016   | Date  |  |                    |  |  |  |  |
| Did :<br>■No |  | ent of Financial Affairs for Individuals I                              | Filing for Bankruptcy (Official Form 1                 | 07)?               |  |  |  |  |
| ■No          |  |   |  |                    |  |  |  |  |
| □Ye          | s. Name of Person Attach the <i>Bankru</i>   | ptcy Petition Preparer's Notice, Declaration                            | on, and Signature (Official Form 119).                 |                    |  |  |  |  |
| Offici       | al Form 107 States   | ment of Financial Affairs for Individuals Filing                        | for Bankruntov   | nage               |  |  |  |  |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.</a>

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

## RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Revised as of 4/20/15)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

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- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.

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- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.

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## C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate

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tasks and functions for the attorney amd support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.

- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.



#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4000.00
- 2. In addition, the debtor will pay the filing fee required in the case of \$310.00
- 3. Before signing this agreement, the attorney has received, \$ 400.00 toward the flat fee, leaving a balance due of \$ 3600.00 ; and \$ 72.00 for expenses, leaving a balance due for the filing fee of \$ 310.00

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date: 01/11/2016

Signed:

Debtor(s)

Do not sign this agreement if the amounts are blank.

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B2030 (Form 2030) (12/15)

# **United States Bankruptcy Court Northern District of Illinois**

| In r   | e Alan D Adams   |                                       | Case No.                |                                     |  |  |
|--|--|---------------------------------------|-------------------------|-------------------------------------|--|--|
|  |  | Debtor(s)                             | Chapter                 | 13                                  |  |  |
|  | DISCLOSURE OF COMPEN   | NSATION OF ATTO                       | RNEY FOR DI             | EBTOR(S)                            |  |  |
| 1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and the compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services represented on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: |  |                                       |                         |                                     |  |  |
|  | For legal services, I have agreed to accept  |                                       | \$                      | 4,000.00                            |  |  |
|  | Prior to the filing of this statement I have received  |                                       |                         | 400.00                              |  |  |
|  | Balance Due  |                                       |                         | 3,600.00                            |  |  |
| 2.   | The source of the compensation paid to me was:   |                                       |                         |                                     |  |  |
|  | ■ Debtor □ Other (specify):  |                                       |                         |                                     |  |  |
| 3.   | The source of compensation to be paid to me is:  |                                       |                         |                                     |  |  |
|  | ■ Debtor □ Other (specify):  |                                       |                         |                                     |  |  |
| 4.   | ■ I have not agreed to share the above-disclosed compe   | ensation with any other person        | unless they are mem     | bers and associates of my law firm. |  |  |
|  | ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.       |                                       |                         |                                     |  |  |
| 5.   | In return for the above-disclosed fee, I have agreed to rer  | nder legal service for all aspect     | ts of the bankruptcy of | ease, including:                    |  |  |
|  | <ul><li>a. Analysis of the debtor's financial situation, and render</li><li>b. Preparation and filing of any petition, schedules, state</li><li>c. Representation of the debtor at the meeting of creditor</li><li>d. [Other provisions as needed]</li></ul> | ement of affairs and plan which       | may be required;        |                                     |  |  |
| 6.   | By agreement with the debtor(s), the above-disclosed fee   | does not include the following        | g service:              |                                     |  |  |
|  |  | CERTIFICATION                         |                         |                                     |  |  |
| this   | I certify that the foregoing is a complete statement of any bankruptcy proceeding.   | agreement or arrangement for          | payment to me for re    | epresentation of the debtor(s) in   |  |  |
| ١,   | January 12, 2016   | /s/ Brenda Ann Lik                    | cavec                   |                                     |  |  |
| _  | Date   | Brenda Ann Likav                      |                         |                                     |  |  |
|  |  | Signature of Attorne<br>THE SEMRAD LA |                         |                                     |  |  |
|  |  | 20 S. Clark Street                    |                         |                                     |  |  |
|  |  | 28th Floor<br>Chicago, IL 60603       | ł                       |                                     |  |  |
|  |  | (312) 913 0625 F                      | ax: (312) 913 0631      |                                     |  |  |
|  |  | rsemrad@semrad  Name of law firm      | law.com                 |                                     |  |  |
| 1  |  | wame oj iaw jirm                      |                         |                                     |  |  |

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

## RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Revised as of 4/20/15)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

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- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.

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- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.

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## C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate

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tasks and functions for the attorney amd support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.

- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

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#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4000.00
- 2. In addition, the debtor will pay the filing fee required in the case of \$310.00
- 3. Before signing this agreement, the attorney has received, \$ 400.00 toward the flat fee, leaving a balance due of \$ 3600.00 ; and \$ 72.00 for expenses, leaving a balance due for the filing fee of \$ 310.00

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date: 01/11/2016

Signed:

Debtor(s)

Do not sign this agreement if the amounts are blank.

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### United States Bankruptcy Court Northern District of Illinois

| In re | Alan D Adams                               | Debtor(s)   | Case No. Chapter 13         |                |
|-------|--|---|-----------------------------|----------------|
|       | VE   | CRIFICATION OF CREDITOR M                         | IATRIX                      |                |
|       |  | Number of   | Creditors:                  | 30             |
|       | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of credit           | tors is true and correct to | the best of my |
| Date: | January 12, 2016                           | /s/ Alan D Adams Alan D Adams Signature of Debtor |                             |                |

Abri Credi**Case 10 00845** Doc 1 Gilled OUT 12 A 6 nk Entered 01/12/16 11:24:47 en Desc Wamit Con (OrC 1350 W Renwick Rd 1 Cocumentem Page 59 of 59 Tinley Park, IL 60409 West St Paul, MN 55118

Afni, Inc. (Original CreditorHatrT) & Harris Ltd (Original Munedoldofam (Original CV Po Box 3097 111 W Jackson Blvd S-400 3348 Ridge Road Bloomington, IL 61702 Chicago, IL 60604 Lansing, IL 60438

Afni, Inc. (Original CreditorHAtvard Collection Municollofam (Original CV Harvard Collection Services 3348 Ridge Road Po Box 3097 Bloomington, IL 61702 4839 N Elston Avenue Lansing, IL 60438 Chicago, IL 60630

Atg Credit Llc (Original CreditoreNtopany)Healthcare
1043 W. Grandville
Chicago, IL 60660

Municollofam (Original CV 3348 Ridge Road Lansing, IL 60438

City of Chicago Parking IRS Nicor 121 N Lasalle Street ROOM 107AP.O. Box 7346 P.O. Box 2020 Chicago, IL 60602 Philadelphia, PA 19101-7346 Aurora, IL 60507

Kimberly Davis Ntl Acct Srv c/o Illinois Dept of Healthcarle 246 University Av PO Box 19405 Saint Paul, MN 551 Springfield, IL 62794 Com Ed Com Ed 2100 Swift Drive Oak Brook, IL 60523 Saint Paul, MN 55104

Credit Acceptance L J Ross And Associate (Original Least Performanc (C 25505 West 12 Mile Rd Po Box 1838 20816 44th Ave W Suite 3000 Ann Arbor, MI 48106 Lynnwood, WA 98036 Southfield, MI 48034

Creditors Collection B (OrigiMasicreditoipal Collection Servicos Publishing 7330 College Dr 8501 West 137th Street
Suite 108 Overland Park, KS 6622 755 Almar Pkwy Bourbonnais, IL 60914 Suite 108 Overland Park, KS 66223 Palo Heights, IL 60463

Enhanced Recovery Co L (OrigiMasiCreditOriginal Creditor: OloCres OfdIt 8014 Bayberry Rd Po Box 327 Tcs Inc.
Jacksonville, FL 32256 Palos Heights, IL 60463 Po Box 189 Carlisle, PA 17013

First Premier Bank Midland Funding (Original Cre**WALDNSE**FM©bTRUNKETT, P.C 601 S Minnesota Ave 8875 Aero Dr Ste 200 25 E WASHINGTON 1221 Sioux Falls, SD 57104 San Diego, CA 92123 Chicago, IL 60602